



**Enrolment Form**

Parent Full Name: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**Contact details:** Female/Male(please circle)

Mobile: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact details:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does your child/children have any medical conditions/allergies/learning disabilities? \_\_\_\_\_

Do we have permission to carry out observations and use digital images for the purposes of performance feedback, staff training and advertising?

Yes / No (Please circle)

Preferred day: 400 programme M T W T F S

(please circle) Under 5 programme M T F S

**Booking Fee: \$25.00 per child is required for this enrolment to be processed.**

Signed Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only	
Booking fee: \$	Date:
Data Entered by:	Date:
Assessed by:	Date:
Class Placements:	