



## Enrolment Request

Plumpton

St Clair

Busby

Parent 1	Parent 2
First name:.....	First name:.....
Last Name:.....	Last Name:.....
Date of Birth:.....	Date of Birth:.....
Home Address:.....	Home Address:.....
.....Post Code:.....	.....Post Code:.....
Phone:.....	Phone:.....
Email : .....	Email : .....

### Child Information

Child Name 1: ..... Date of Birth: ..... Gender: M / F

Child Name 2: ..... Date of Birth: ..... Gender: M / F

Ethnicity: ..... Language Spoken :..... Religion: .....

Starting date:.....

Day/Times Required	Mon	Tue	Wed	Thu	Fri
Arrival Time					
Departure Time					

**Additional Needs:** Our centre is committed to providing high quality care and educational program for all children including those with additional needs or medical conditions? If Yes, Please give details.....

**Parents Signature**..... **Date:** .....

OFFICE USE ONLY	Mon	Tue	Wed	Thu	Fri
Room: Koalas / Joeys/ Wallabies					
Starting date:.....					