



Enrolment Request Form

Child Details:

Full name, as shown on birth certificate:	
Known as:	
Date of birth:	Sex: Boy Girl
Address & Postcode:	
First Language spoken at home?	
Any other Language spoken at home?	
Child's Religion:	

Guardian Details:

Registration Parents Name:
Address & Postcode (if different child):
Contact Telephone number:
Email address:

Childcare session plan: (Please circle below)

Start Date:				
Age Group	6 weeks – 1 year	1 year – 2 years	2 years – 3 years	3 years – 5 years

Monday	Tuesday	Wednesday	Thursday	Friday
Am 8am– 1pm	Am 8am– 1pm	Am 8am– 1pm	Am 8am– 1pm	Am 8am– 1pm
Pm 1pm – 6pm	Pm 1pm – 6pm	Pm 1pm – 6pm	Pm 1pm – 6pm	Pm 1pm – 6pm
Full day 8am – 6pm	Full day 8am – 6pm	Full day 8am – 6pm	Full day 8am – 6pm	Full day 8am – 6pm
Early Drop Off	Early Drop Off	Early Drop Off	Early Drop Off	Early Drop Off