

LISTENING Section 1



Questions 1–10

Complete the form below using **NO MORE THAN TWO WORDS AND/OR A NUMBER** for each answer.

Ascot Child Care Centre Enrolment form

Personal details

Family name: *Cullen*

Child's first name: (1)

Age: (2)

Birthday: (3)

Other children in the family: a brother aged (4)

Address: (5), Brisbane

Emergency contact number: 3467 8890

Relationship to child: (6)

Development

- Has difficulty (7) during the day
- Is able to (8) herself

Child-care arrangements

Days required: (9) and

Pick-up time: (10)