

## Question 1 - 10

Complete the form below.

Write **ONE WORD OR A NUMBER**.

### Early Learning Children Centre Enrolment Form

*Example*

Parent or guardian: Carol Smith

#### Personal Details:

Child's name: Kate

Age: ① \_\_\_\_\_

Address: ② \_\_\_\_\_ Road, Woodside 4032

Phone: 33459865

#### Childcare information

Days enrolled for: Monday and ③ \_\_\_\_\_

Start time: ④ \_\_\_\_\_ am

Childcare group: the ⑤ \_\_\_\_\_ group

Which meals are required each day? ⑥ \_\_\_\_\_

Medical conditions: need ⑦ \_\_\_\_\_

Emergency contact: Jenny ⑧ \_\_\_\_\_

Relationship to child: ⑨ \_\_\_\_\_

#### Fees

Will pay each ⑩ \_\_\_\_\_