

## Early Learning Children Centre Enrolment Form

Parent or guardian: Carol (1) \_\_\_\_\_

### Personal details

Child's name: Kate

Age: (2) \_\_\_\_\_

Address: (3) \_\_\_\_\_ Road, Woodside 4032

Phone: (4) \_\_\_\_\_

Days enrolled for: Monday and Thursday

Start time: (5) \_\_\_\_\_ am

Childcare group: the Red group

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