

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) _____