

SECTION 1 Questions 1-10

Complete the form below.

Write **ONE WORD AND/OR A NUMBER** for each answer.

Early Learning Childcare Centre Enrolment Form

Example

Parent or guardian: Carol **Smith**

Personal Details

Child's name: Kate

Age: **1**.....

Address: **2**..... Road, Woodside, 4032

Phone: 3345 9865

Childcare information

Days enrolled for: Monday and **3**.....

Start time: **4**..... am

Childcare group: the **5**.....group

Which meal/s are required each day? **6**.....

Medical conditions: needs **7**.....

Emergency contact: Jenny **8**..... Phone: 3346 7523

Relationship to child: **9**.....

Fees

Will pay each **10**.....