Questions 1-10

Complete the form below.

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

Early Learning Childcare Centre Enrolment Form

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** …….

LIVEWORKSHEETS