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AVENUES EARLY LEARNING CENTRE **PRELIMINARY ENROLMENT FORM**

CHILD/CHILDREN

CHILD'S/CHILDREN'S FULL NAMES	DATE OF BIRTH	AGE	SEX
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PARENTS/GUARDIANS

PARENT ONE'S FULL NAME: _____

HOME ADDRESS: _____

TELEPHONE: _____ WORK _____ MOBILE: _____

Family Email address: _____

PARENT TWO'S FULL NAME: _____

HOME ADDRESS: _____

TELEPHONE: _____ WORK _____ MOBILE: _____

ATTENDANCE DETAILS

COMMENCEMENT DATE: _____

DAYS REQUIRED: PLEASE TICK (2 day minimum)

	Monday	Tuesday	Wednesday	Thursday	Friday
1.					
2.					

Are you flexible with the days that are required, for example if you requested a Monday and Tuesday position and a Tuesday and Wednesday position became available, would you still be interested?

Reasons for care: (Please circle)

- ◆ Parents working
- ◆ Parents actively seeking work.
- ◆ Parents studying
- ◆ Sole supporting parent
- ◆ Need for child to socialize.

Health of Child:

Does your child have any allergies?

Does your child have any additional needs/Disabilities?

Has your child been cared for by anyone else?

**This form will only be processed when accompanied by the
Non-refundable family enrolment fee**

Please note that this form is only preliminary, you will be required to complete a more detailed registration prior to your child's commencement after acceptance.

Any above information that changes must be updated to the centre as soon as possible. We encourage families to contact the centre every 3 months to update any details.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Thank you for your enrolment.

Office use:
