The children's garden.

369 MARMION STREET
MELVILLE WA 6156
CALL 08 9317 4467
MOBILE 0432 062 396
WWW.CHILDRENS.GARDEN

WAITING LIST

PARENT ENROLMENT FORM:

PARENT 1	PARENT 2/OTHER
NAME:	NAME:
HOME ADDRESS:	HOME ADDRESS:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
CRN:	CRN:

CHILD'S INFORMATION:

GIVEN NAME:	LAST NAMES:	
DATE OF BIRTH:	PLACE OF BIRTH:	SEX M/F:
DATE CONTACTED (TODAY):		DATE TO START:
ETHNICITY:	LANGUAGE SPOKEN:	RELIGION:

DAYS/TIMES REQ'D:	MON	TUE	WED	THU	FRI
ARRIVAL TIME:					
DEPARTURE TIME:					

PRIORITY OF ACCESS: (PLEASE CIRCLE PRIORITY)

THE CENTRE MUST COMPLY WITH ENROLMENT PRIORITY AND ACCESS GUIDELINES SET BY POA::

1. AGE
2. PRIORITY OF ACCESS
3. DATE OF APPLICATION
4. CURRENT SIBLINGS ATTENDING

SPECIAL NEEDS:

OUR CENTRE IS COMMITTED TO PROVIDING QUALITY EDUCATION AND CARE FOR ALL CHILDREN INCLUDING THOSE WITH SPECIAL NEEDS OR MEDICAL CONDITIONS. IF RELEVANT, PLEASE GIVE DETAILS:

SIGN: DATED:

(OFFICE USE ONLY):	MON	TUE	WED	THU	FRI	SAT	SUN
DAYS GIVEN:							
TOTAL:							
PRIORITY GIVEN:			ROOM:				