

## APPLICATION FORM

PARENT'S NAME:	DATE:
ADDRESS:	
PHONE:	E-MAIL:
NAME OF CHILD:	DATE OF BIRTH:
START DATE:	<del></del>
PLEASE TICK APPROPRIATE CATEGORY:	
FULL DAYCARE:	
5 FULL DAYS 8 - 6	PART DAYCARE 8 - 2 days
4 FULL DAYS 8 - 6	PART DAYCARE 2 - 6 days
3 FULL DAYS 8 - 6	
2 FULL DAYS 8 - 6	
PRE-SCHOOL SESSIONAL:	
5 DAYS 9-12 (MON TO FRI)	
3 DAYS 9-12 (MON, TUES & WED)	
2 DAYS 9-12 (THURS & FRI)	
AFTER SCHOOL CLUB:	
SCHOOL:	TIME:
ANY OTHER INFORMATION:	