

FORM 1

Welcome to Sunny Town Learn and Play Childcare Centre. Please use this form to register your interest in attending Sunny Town.



FACILITY NAME: Sunny Town Learn and Play Childcare Centre		
FULL NAME OF CHILD:		USUAL NAME OF CHILD <i>(if different)</i> :
PERSONAL INFORMATION		
CHILDS DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS:		FACILITY USE ONLY WITHDRAWAL DATE:
POSTAL CODE:	TELEPHONE:	
PARENT OR GUARDIAN:		PARENT OR GUARDIAN:
ADDRESS <i>(if different from above)</i> :		ADDRESS <i>(if different from above)</i> :
TELEPHONE:		TELEPHONE:
OCCUPATION:		OCCUPATION:
WORK ADDRESS / ALTERNATE LOCATION:		WORK ADDRESS / ALTERNATE LOCATION:
TELEPHONE <i>(include local/extension)</i> :		TELEPHONE <i>(include local/extension)</i> :
CELL PHONE:		CELL PHONE:
INDICATE CARE REQUIRED		
Please indicate below the care that you require		
Ideal start date: _____ Are you able to start earlier if a place is available? YES / NO		
What hours do you need? _____ (this cannot exceed 10 hours per day)		
Full time care		
<input type="checkbox"/> Every day - Monday, Tuesday, Wednesday, Thursday and Friday		
Or please select one of the day combinations below :-		
Part time care		
<input type="checkbox"/> Tuesday and Thursday		
OR		
<input type="checkbox"/> Monday, Wednesday and Friday		