



# FORM 1

Welcome to The Village Infant and Toddler Centre. Please use this form to register your interest in attending Sunny Town.

FACILITY NAME: The Village Infant and Toddler Centre	
FULL NAME OF CHILD:	USUAL NAME OF CHILD <i>(if different)</i> :
<b>PERSONAL INFORMATION</b>	
CHILDS DATE OF BIRTH:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS:	FACILITY USE ONLY WITHDRAWAL DATE:
POSTAL CODE:	
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:
<b>INDICATE CARE REQUIRED</b>	
Please indicate below the care that you require	
Ideal start date: _____ Are you able to start earlier if a place is available? <b>YES / NO</b>	
What hours do you need? _____ (this cannot exceed 10 hours per day)	
<b>Full time care</b>	
<input type="checkbox"/> Every day - Monday, Tuesday, Wednesday, Thursday and Friday	
Or please select one of the day combinations below :-	
<b>Part time care</b>	
<input type="checkbox"/> Tuesday and Thursday	
<b>OR</b>	
<input type="checkbox"/> Monday, Wednesday and Friday	