



## REQUEST FOR ENROLMENT

Child's Name:	_____
Date of Birth (or anticipated date):	_____
How old will your child be at commencement of attendance?	_____ years _____ months
Name of person enrolling the child:	_____
Relationship to child:	_____
Contact address:	_____
Phone Contacts:	(h) _____ (w) _____ (m) _____

<b>Location of Sunkids Children's Centre where you require care:</b>	_____			
Please circle days that you require care:				
Monday	Tuesday	Wednesday	Thursday	Friday
What hours of care per day will you generally require?	_____			
Is care required for work / training / study reasons?	Yes	No		
Has your child attended another centre in the past year?	Yes	No		
Does your child have any special needs or care requirements?	_____			
Preferred start date:	_____			
How did you learn about Sunkids?	_____			

Name of person requesting enrolment:	_____
Signature: _____	Date of request: _____
<b>Please fax completed form to</b> 07 55 59 78 01 <b>Or Postal address</b> Sunkids Children's Centre PO Box 1428, Mudgeeraba QLD 4213	