

Centre Registration Form

Centre: _____ Centre No: _____

Part 1 Child's Details:

Full Name of Child _____

(please underline the name generally used)

Home Address _____

Post Code _____

Date of Birth ____ / ____ / ____ Male Female

(Please provide an estimated due date for an unborn child _____)

Part 2 Details of both Parents'/Guardians' (where applicable) making this application:

	Details of Parent/Guardian 1	Details of Parent/Guardian 2
Full Name		
Employer		
ID number		
Work Address (including Department if applicable)		
Work Tel No		
Home Tel No		
Mobile Tel No		
E-mail address 1		
E-mail address 2		
Password		

Part 3 Centre Place Requirements

Network Access Programme **YES / NO** Back-up Child Care **YES / NO**

Requested Date of Admission to the Centre ____ / ____ / ____

Place required (a) Full-time for all five days **YES / NO** or (b) Part-time/Part-week **YES / NO**

If you answered YES to Part-time/Part-week, please indicate sessions required below

(maximum number of 10 hours per day)

	Monday	Tuesday	Wednesday	Thursday	Friday
Day*/ Morning Session					
Afternoon Session					

* If half day sessions are not available at the centre please indicate hours required in the Day/Morning Session row.

Signed (Parent/Guardian): Date:

(Both parents to sign if applicable)

Signed (Parent/Guardian): Date:

(Both parents to sign if applicable)

Early application for a place is recommended. Applications will be dealt with in the order in which they are received. All places are subject to availability matching the days required.

Office Use Only	
Registration fee paid (if applicable)	Yes <input type="checkbox"/> Centre Manager initials _____