

**APPLICATION FORM**

**FULL DAY CARE**

DATE OF APPLICATION:

NAME OF CHILD: DATE OF BIRTH:

START DATE:

PARENT/GUARDIAN NAME 1:

PHONE: E-MAIL:

ADDRESS:

PARENT/GUARDIAN NAME 2:

PHONE: E-MAIL:

ADDRESS:

**PLEASE TICK APPROPRIATE CATEGORY:**

**FULL DAYCARE:**

**5 FULL DAYS 8am – 6pm 2 FULL DAYS 8am – 6pm**

**4 FULL DAYS 8am – 6pm PART DAYCARE 8am – 2pm**

**3 FULL DAYS 8am – 6pm PART DAYCARE 2pm – 6pm**

**PLEASE TICK APPROPRIATE DAYS:**

**Mon Tue Wed Thurs Fri**

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| **Any other information:** |