



Swinburne Children's Centre Enrolment Application

Date: _____

Child/ren's Family Name: _____

Childs Name: _____ Date of Birth: _____

Childs Name: _____ Date of Birth: _____

Childs Name: _____ Date of Birth: _____

Mother's Name: _____

Address: _____

Home Phone No: _____ Mobile Phone: _____

Father's Name: _____

Address: _____

Home Phone No: _____ Mobile Phone: _____

Days and Hours of Care Required:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Expected Commencement Date: _____

Date orientation to commence: _____

Waiting List: YES NO

Parent received the following:

Enrolment Form: YES NO

Parent Information Pack: YES NO

Parent Name: _____ Signature: _____

Co-ordinators Name: _____ Signature: _____