



Early Learning Management Group

# Centre: \_\_\_\_\_ Play & Learn

## Children's details:

1. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_ Gender: M / F
2. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_ Gender: M / F
3. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_ Gender: M / F

Please state other centres your child/ren have attended: \_\_\_\_\_

## TO BE FULLY COMPLETED BY PARENT OR GUARDIAN

Please write the expected arrival and departure times below in the days you require care for your child/children.

	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Date of anticipated commencement: \_\_\_\_\_ Please indicate Reason for Care:

- Work  Respite  
 Study  Other

Please state any additional needs your child may have that we need to know to meet their needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name Parent/Guardian (1): \_\_\_\_\_ DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name Parent/Guardian (2): \_\_\_\_\_ DOB: \_\_\_\_\_ CRN: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ to \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Copy of current CCB detail included? Yes No

How did you hear about our Centre: \_\_\_\_\_

I confirm the above information is correct. I agree to a credit check of other Child Care Centres to ascertain a credit reference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Centre Employee)

Date to start: \_\_\_\_\_ Date to confirm position by: \_\_\_\_\_ Date of orientation: \_\_\_\_\_