



# Application for Enrolment

öOnce Upon a Timeö Childrenö Centre Pty Ltd  
 80 Botany Street, Randwick  
 Postal address: PO Box 1450 Maroubra Junction 2035  
 Ph/fax: 9399 5278

## Child

Surname:	First Name:
Gender: M or F	Date of Birth:
Immunisation: Y or N	

## Mother

## Father

Surname:		
First Name:		
Mail Address:		
Home Phone:		
Mobile ph:		
Work Phone:		
Email:		

**Required Days of Attendance- can be in blocks of 2 or 3 consecutive days at the beginning or end of week, or 5 days (no 4 days)**

Please tick days	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
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## Proposed starting date

Please write the proposed starting date:	
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To ensure enrolment on a needs basis, please provide the following information by ticking the boxes:

## Mother

Single Parent <input type="checkbox"/>	Working F/T <input type="checkbox"/>	Working P/T <input type="checkbox"/>	Seeking Employment <input type="checkbox"/>	Studying <input type="checkbox"/>
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## Father

Single Parent <input type="checkbox"/>	Working F/T <input type="checkbox"/>	Working P/T <input type="checkbox"/>	Seeking Employment <input type="checkbox"/>	Studying <input type="checkbox"/>
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Applicantö Signature: \_\_\_\_\_

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

We thank you for applying to enrol your child in our centre. Your application will be placed on a waiting list and we will contact you regarding placement depending upon availability.

**Please forward this form together with a \$20 non-refundable fee to:**

Tearza Stark  
 öOnce Upon a Time...ö Childrenö Centre PO Box 1450, Maroubra Junction 2035