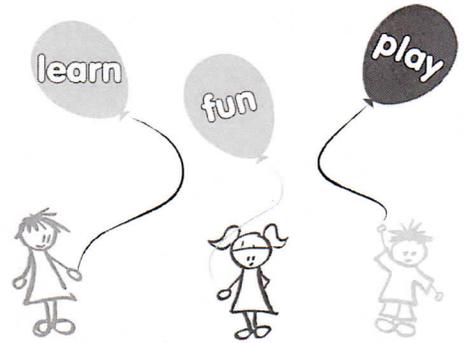


DAWS ROAD EARLY LEARNING CENTRE APPLICATION FORM



FAMILY LAST NAME: _____

CHILD / CHILDREN'S NAMES: _____

CHILD'S BIRTH DATE: _____

Date you require child care to start : ____/____/____

Days you wish to book:

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

In = Time the child will arrive at the centre

Out = Time the child will leave the centre

COMMENTS: _____

This form is very important. Please ensure as much information is listed as possible.

When your booking is confirmed we will require a \$100.00 Bond

Account name Daws Rd Early learning centre

National Bank B.S.B 085397 Account number 192162660

Parent / Guardian Signature: _____

Full Name: _____

Address: _____

Ph No: _____ Mobile: _____

Date: ____/____/____