



# Kingdom Kids Childcare Centre

## Application for Enrolment

### Family Information

Father	Mother
Home Phone	Home Phone
Business Phone	Business Phone
Mobile	Mobile
Postal Address	Postal Address

### Child's Information - Child 1

Surname	Given Names				
Date of Birth	Male ( )	Female ( )			
Religion	Current Calvary Family / New Family (please circle)				
Days of Care required (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Starting Date	/	/	<u>PRE-PREP STUDENTS ONLY:</u> Long daycare Kindergarten Program <input type="checkbox"/> Term time Kindergarten Program <input type="checkbox"/>		

### Child's Information - Child 2

Surname	Given Names				
Date of Birth	Male ( )	Female ( )			
Religion	Current Calvary Family / New Family (please circle)				
Days of Care required (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Starting Date	/	/	<u>PRE-PREP STUDENTS ONLY:</u> Long daycare Kindergarten Program <input type="checkbox"/> Term time Kindergarten Program <input type="checkbox"/>		

### Child's Information - Child 3

Surname	Given Names				
Date of Birth	Male ( )	Female ( )			
Religion	Current Calvary Family / New Family (please circle)				
Days of Care required (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Starting Date	/	/	<u>PRE-PREP STUDENTS ONLY:</u> Long daycare Kindergarten Program <input type="checkbox"/> Term time Kindergarten Program <input type="checkbox"/>		

Signature of Parent / Guardian	Date
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<b>Office Use</b>	Date Received	Signed
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