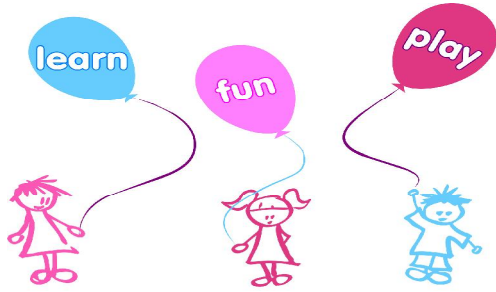


UNLEY EARLY LEARNING CENTRE



APPLICATION FORM

FAMILY LAST NAME: _____

CHILD / CHILDREN'S NAMES: _____

CHILD'S BIRTH DATE: _____

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

Days you wish to book:

In = Time the child will arrive at the centre

	Monday	Tuesday	Wednesday	Thursday	Friday
In					
Out					

Out = Time the child will leave the centre

Comments: _____

I have read and understood the fee schedule and agree to pay weekly or in advance.

Once your booking is confirmed, you will be required to pay \$100 deposit to secure your booking.

Parent / Guardian Signature: _____

Full Name: _____

Address: _____

Phone No: _____ Mobile: _____

Email address: _____