



tiny legends child care centres

brighton

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ENROLMENT ENQUIRY

Child's Information

Start date: _____

Child's Name/s: _____ Surname: _____

Preferred Name: _____ DOB: _____

Sex: MALE / FEMALE Age: _____ years _____ months

Home Address: _____

Home Phone: _____ Contact Phone Number: _____

Parent / Guardian 1 Information

Parent / Guardian 2 Information

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mobile: _____ Mobile: _____

Email: _____ Email: _____

Work Name: _____ Work Name: _____

DOB: _____ DOB: _____

Other Information

Days of Attendance: MON TUES WED THUR FRI

Approximate hours of attendance: _____am/pm to _____am/pm

Family CRN: _____

Child CRN: _____

CCB Percentage: _____

CCB Eligible Hours: 20hours 50hours other: _____

Do you have children attending another service? YES / NO

Registered (Centrelink) parent name _____

Registered (Centrelink) parent D.O.B. _____

Email: _____