



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

_____	_____
Office Use Date Received	Signed