



Phone: (03) 9449 4936
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ENROLMENT FORM

Date:

Parent/Guardian Details

Name:

Date of Birth: Parents CRN:

Address:

Telephone (Home):

Telephone (Mob):

Email Address:

Your Child's Details

Name: Childs CRN:

Date of Birth: Age:

Full Time or Part Time Care:

If Part Time, please nominate which days you prefer:

Expected start date:

Expected drop off and pick up times:

A non refundable \$40.00 enrolment fee is payable on completion of this form.
Cheques NOT accepted.

Signed:

Office Use Only

\$40.00 paid on date:

Received By:.....