



Babies	<input type="checkbox"/>
Toddlers	<input type="checkbox"/>
Pre Kindy	<input type="checkbox"/>
Kindy	<input type="checkbox"/>

### PRE ENROLMENT FORM

**Centre:** *please circle*      Karawara / Kewdale

#### PARENT/GUARDIAN DETAILS

Date of Application: \_\_\_ / \_\_\_ / \_\_\_

Parent's name:		
Tel: Home	Tel: Work	Tel: Mobile
Address:		Email:

#### CHILD/REN'S DETAILS

Child's name:		
<b>DOB:</b> ____ / ____ / ____	Age: ____	<b>Sex:</b> Male      Female
Child's name:		
<b>DOB:</b> ____ / ____ / ____	Age: ____	<b>Sex:</b> Male      Female
Child's name:		
<b>DOB:</b> ____ / ____ / ____	Age: ____	<b>Sex:</b> Male      Female

**Care required:** Number of Days: \_\_\_\_\_

**Please circle which days care are required for:** Mon   Tue   Wed   Thur   Fri or Any days

**Would you accept care for fewer days, should sufficient space not be available for your**

preferred number of days required? Yes/No Details: \_\_\_\_\_

Care to commence from: Month \_\_\_\_\_ Year \_\_\_\_\_

Priority of access: 1. Abuse/Neglect 2. Work/Study 3. Other

**How did you find out about Gowrie WA?**

Word of mouth		Internet search	
Website		Facebook	
Advertising		Other (please expand)	

**OFFICIAL USE ONLY**  
**Returned parents enquiry for wait list**

Parent called back on: \_\_\_\_/\_\_\_\_/20\_\_

Parent still requires care: Yes  No  (*see notes*)

Staff called on: \_\_\_\_/\_\_\_\_/20\_\_

Parent still requires care: Yes  No

Attending orientation: Yes  No  If yes, \_\_\_\_/\_\_\_\_/20\_\_

Given Enrolment Form: Yes  No  If yes, \_\_\_\_/\_\_\_\_/20\_\_

Start Date: \_\_\_\_/\_\_\_\_/20\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

