

Enterprise Childcare Pre3+ Centre



ADMISSIONS

Student and Child Information

Student Information

Student Name _____

Address _____

Telephone _____ Mobile _____

Course Enrolled _____ Classroom No. _____

Support Tutor _____

Days Attending
(please tick)
Time

MON		TUE		WED		THU		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Start Date _____ Finish Date _____

Child Information

Child's Name _____

Address _____

(if different from above) _____

Telephone/Contact _____

D.O.B _____

Any Special Requirements _____

Office Use Only

Childcare Allocation (please tick)

Time

MON		TUE		WED		THU		FRI	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Start Date _____ Finish Date _____

Data Protection: This information is held under the Data Protection Act of 1998

Received by Enterprise Childcare – Date _____