

NEW ENROLMENT ENQUIRY - WAITLIST

Date of enquiry	
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Child Details

Family Name		Given Name	
Preferred First Name		D.O.B or Expected D.O.B	
Name of siblings current in care (if applicable)			

Attendance Preference

Proposed Start Date		Are you flexible with the start date? (Please circle)	YES/ NO
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Days Requested

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Are you flexible with the days requested		<input type="checkbox"/> Yes, I would like to take any ____ (number of days) days available <input type="checkbox"/> No, I require the days as indicated above		

Parent/Guardian Details

Full Name		Relationship to child	
Address		Phone number	
Email Address			

How did you find out about us?	
Provided/ Sent Enrolment Pack	____ / ____ / 20 ____
Follow-up 7 days after initial enquiry	____ / ____ / 20 ____
Tour Booked	____ / ____ / 20 ____
Notes	