



## Initial Enquiry Form

Date:

Where did you hear about us?

Does/do your child/ren currently attend day-care?

Child/ren's Name/s:

Age/s:

Date/s of Birth:

Address:

Telephone Number:

Mother/Carer's Name:

Father/Carer's Name:

*Sessions-preferred sessions*

**Monday**

full day

half day AM

half day PM

**Tuesday**

full day

half day AM

half day PM

**Wednesday**

full day

half day AM

half day PM

**Thursday**

full day

half day AM

half day PM

**Friday**

full day

half day AM

half day PM

Preferred Start Date:

Additional Information/Follow up notes: