



PELICAN'S NEST EARLY LEARNING CENTRE

CALOUNDRRA CITY SCHOOL

APPLICATION FOR REGISTRATION AT PELICAN'S NEST EARLY LEARNING CENTRE

Please complete separate form for each child

NB: A copy of the Childcare Centre Agreement will be supplied prior to interview

Student: Surname: Given Name(s)

Date of Birth: Gender (Please circle): Male Female

Religious Denomination:

Current Childcare Centre:

Entry Group: Babies Room (0-15 mths) Toddler Room (15 mths – 2yrs) Kindergarten (2 – 3yrs) Senior Kindy (3 – 4yrs) Pre-Prep (4 – 5yrs)

Days requested for attendance
(Please tick preferred day/s.)

Days	M	T	W	T	F

I have some flexibility as to which day/s my child attends Yes No

Do any brothers/ sisters attend Caloundra City School? Yes No Year Levels:

Proposed entry year 20 **Month**

Family:

Child is living with: (*please circle*) Mother only Father only Both parents Other (please state)

	Mother/Guardian	Father/Guardian (if different from mother)
Surname		
Given Name		
Parent Date of Birth		
Address		
Home Phone (<i>please indicate if silent</i>)		
Bus. Phone		
Fax		
Mobile		
Email		
Occupation		
Emergency Contact		

