Little Wonders
Crèche & Montessori

Registration Form

Your family details

Full name of parents/guardians: _____

Home address: _____

_____

_____

Contact details

Name: _____

Place of work: _____

Tel. # (home): _____

Tel. # (work) _____

Mobile #: _____

E-mail: _____

Childcare service required

Child's name: _____

Date of birth: _____

Start date: _____

Full day care	☐	8.00am to 5.30pm
ECCE	☐	9.00am to 12.00pm
Part Time	☐	8.30am to 12.30pm
	☐	9.00am to 1.00pm
After school	☐	1.30pm to 5.30pm

Additional information

Please provide below any additional information you may feel is relevant at this stage. In advance of your child's first session we will complete a more comprehensive registration document, which will form the basis of your child's care plan.

_____

_____

Signed: _____ Dated: _____