Sweetcroft Day Care

ENROLMENT ENQUIRY FORM

I would like to apply for a place for my child/children to attend

Sweetcroft Day Care starting on:

Attendance Schedule (please tick your required days)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full day  7.30 am – 6pm |  |  |  |  |  |

SWEETCROFT DAY CARE is open Monday to Friday from 7.30 – 6PM

Please provide the age of your child so that we can advise if we have a space on your required days. We operate a waiting list for parents who wish to be informed when a slot becomes available.

Childs Name:

Childs date of birth:

Please provide contact details for our prompt reply

Parent/guardian name:

Phone number:

Address:

Email Address:

Thank you for your interest in Sweetcroft Day Care