



NOLA-DEE CHILD CARE CENTRE

Enrolment Application

To make a booking, please fill in this form and return to 34 Morton St, Clayton 3168 with a deposit. This form will only valid if a deposit of \$ 250 is paid.

1. Family Details

Mother/Guardian's Name: _____ D.O.B _____

CRN _____

Contact Numbers: Home _____ Work _____ Mobile _____

Email: _____

Father/Guardian's Name: _____ D.O.B _____

CRN _____

Contact Numbers: Home _____ Work _____ Mobile _____

Email: _____

Home Address: _____

_____ Postcode _____

2. Child's Details

Your child's full name: _____ CRN _____

First Name Surname

Child's D.O.B (or due date) ____/____/____

Child's Gender F / M & Current age ____ Years ____ Months

3. Care Requirements

Childcare is required from ____ Date ____ Month ____ Year

Do you intend to enroll Part / Full time (please circle)

If for Part time, do you have a preference? NO / YES (please indicate days required(✓))

Monday	Tuesday	Wednesday	Thursday	Friday

Terms & conditions for making a booking

- Once a booking is made and including the payment of the \$250 enrolment deposit and a place has been offered by the centre to the child, its understood and agreed by the centre and the parents of the child that the \$250 payment is a security deposit to secure a place for the child. As a consequence should there be any cancellation of the booking the deposit will not be refunded as it was a security fee that was not honored.
- A refund of deposit will only be refunded if the child has attended the centre for minimum 3 weeks and a proper written withdrawal notice has been forwarded.
- Upon signing this form you acknowledge having read and agree to the terms & conditions outlined above.

Parent / Guardian Signatures _____ Date _____