



**ENQUIRY FORM**

**Child's Name:**.....(Male / Female)

**Child's Date of Birth:**.....

**Sessions required (min 2) please circle:**

Mon – am / pm / full day	Tues – am / pm / full day	Wed – am / pm / full day	Thurs – am / pm / full day	Fri – am / pm / full day
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**Flexible:** **yes / no** (if yes, please state the number of sessions you are looking for).....

**Potential Start Date:**.....

**Parent's contact details:**

**Name:**.....

**Email:**.....

**Telephone number:**.....

<b><u>For office use:</u></b>	
Date enquiry received:.....	
Date Registration Form sent out:.....	
Date Completed Registration Form received:.....	
Space Available: Yes / No	Date Registers checked:.....
Date parent advised.....	Added to Waiting list: Yes / No

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