

LITTLE SCHOLARS LEARNING CENTRE

ENROLMENT REQUEST

Fill in this form to request a place for your child/ren at Little Scholars Early Learning Centre

Date:

Parents Names:

Address:

Email:

Phone (hm):

Phone (work):

Phone (mob1):

Phone (mob 2):

Child 1

Child 2

Name:

Name:

Date of Birth:

Date of Birth:

Age:

Age:

Requested start date:

Requested start date:

| | Arrive | Depart |
|-----------|--------|--------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

| | Arrive | Depart |
|-----------|--------|--------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

Please indicate the times you want your child/ren enrolled

I learned about LITTLE SCHOLARS from

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Local Paper | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Leaflet |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign / Walk past | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Returning Client | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Website |

Office use only

Enrolled start date: _____

Transitions: _____

Room: _____

Confirmation letter sent: _____

Fees: _____

Registration fee received: _____

LITTLE SCHOLARS EARLY LEARNING CENTRE

6D Carr Rd, Mt Roskill

624 3266

www.littlescholars.co.nz