



**CHILD CARE CENTRE (Tel: 6850 4881/2)**

**CHILD CARE CENTRE APPLICATION FORM**

Date: \_\_\_\_\_

Dear Parents,

- a) If you are interested in enrolling your child in our Child Care Centre, you will need to complete the details below and return this form to the Centre. Upon receipt of this form, your child's name will be placed on waiting list.

If a place becomes available, you will be informed as early as possible.

- b) A non-refundable registration fee of \$30 plus 7% GST will be collected at the time of your child's enrolment.
- c) It may not be possible for your child to be enrolled at the Centre on the date you requested. We will however do our best to accommodate your needs.

Yours sincerely,

Ms Rosie Chua  
Supervisor  
Child Care Centre

**I. Parents' Particulars**

|                    | Father's | Mother's |
|--------------------|----------|----------|
| Name               |          |          |
| Occupation         |          |          |
| Company/Department |          |          |
| Employee No.       |          |          |
| Tel (Office)       |          |          |
| Tel (Home)         |          |          |
| Handphone No.      |          |          |
| Home Address       |          |          |
|                    |          |          |
|                    |          |          |

**II. Child's Particulars**

|                             |       |      |
|-----------------------------|-------|------|
| Name                        |       |      |
| Sex                         |       |      |
| Birth Date (DD/MM/YY)       |       |      |
| Birth Certificate No.       |       |      |
| Preferred date of admission | Month | Year |

\_\_\_\_\_  
Parent's / Guardian's signature

\_\_\_\_\_  
Date