



Re Enrolment Form

MEADOWBANK OOSH

CHILD'S DETAILS

Name:	
Date of Birth:	___ / ___ / _____

Are you returning to OOSH next term? Circle **YES/NO**

If No Last Day of Attendance	___ / ___ / _____
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If YES Which days do you require in next term?						
Current Days of Care	BSC	MON	TUE	WED	THU	FRI
	ASC	MON	TUE	WED	THU	FRI

Are you changing any of your days?	YES/NO					
If YES, circle preferred Days of Care next term?	BSC	MON	TUE	WED	THU	FRI
	ASC	MON	TUE	WED	THU	FRI

Do you need to enrol a sibling(s)?	YES/NO
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If Yes, how many ___

Child's Name	
Date of Birth	
Days Required	
Start Date	
Preferred Days	MON TUE WED THU FRI

Child's Name	
Date of Birth	
Days Required	
Start Date	
Preferred Days	MON TUE WED THU FRI

Parent's Details

Name:	
Parent's Signature:	Date: