



# Re-Enrolment Form 2017

MEADOWBANK MULTIPURPOSE LEARNING CENTRE

## CHILD'S DETAILS

NAME:	
DATE OF BIRTH	___ / ___ / _____

Are you returning to the Centre in 2017? Circle **YES/NO**

<b>If No</b> Last Day of Attendance	___ / ___ / _____
<b>If YES</b> Which days do you require in 2017	
Current Days of Care	<b>MON</b> <b>TUE</b> <b>WED</b> <b>THU</b> <b>FRI</b>

Are you changing any of your days?	<b>YES/NO</b>
If YES, circle preferred Days of Care next Year?	<b>MON</b> <b>TUE</b> <b>WED</b> <b>THU</b> <b>FRI</b>
If your child is going to primary school next year, what is the last day of attendance in the preschool room?	___ / ___ / _____

Do you need to enrol a sibling(s) in 2017?	<b>YES/NO</b>
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If Yes, how many

Child's Name	
Date of Birth	
Start Date	
Preferred Days	<b>MON</b> <b>TUE</b> <b>WED</b> <b>THU</b> <b>FRI</b>

Child's Name	
Date of Birth	
Start Date	
Preferred Days	<b>MON</b> <b>TUE</b> <b>WED</b> <b>THU</b> <b>FRI</b>

## Parent's Details

Name:	
Parent's Signature:	Date: