



Request for Enrolment Form Country Kids Club – Hill Top

Family Details:

Parent / Guardian Name: _____

Email Address: _____

Phone Number: _____

Child Details:

Child/ren's Name/s: _____

Date of Birth: _____

Any Medical and/or Behavioural Conditions (E.g. Asthma, ADHD) Yes /No If Yes please list below

Care Needs:

Preferred Date of First Day of Care: _____

Before School Care

Monday Tuesday Wednesday Thursday Friday (Please Circle or Bold)

After School Care

Monday Tuesday Wednesday Thursday Friday (Please Circle or Bold)

Please return this request form at least two weeks prior to your child's first day of care to:
enrolments@ccl.com.au

If you need any further information do not hesitate to contact us.

Thank you we look forward to hearing from you soon

Julia Morphett
Director

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Phone - 02 6236 8305
Website -www.ccl.com.au