2021
Enrolment Form

Date of Enrolment: / /

You are enrolling for the Full years program commencing from term 1-2021

Class: _____ **Day:** _____ **Time:**_____

4-6 YO Enrollments . I am enrolling for Literacy ____ Term 2-4 Maths Magic _____

Child's Name:_____

Age: _____ **Date of Birth:** / /

Kindergarten/School : _____ **Year Level:**_____

Parent/Guardian name:_____

Address: _____

Mobile:_____

Email- Please Print Clearly

Details of regular carer or family member bringing/picking up your child other than yourself:

Name:_____**Number:**_____**Relationship :** _____

Details of an Emergency contact : Name:_____**Number :** _____**Relationship**_____

Does your child have any Allergies or relevant health information? Yes/No
(Please provide any Care plans and medication to Lisa Price)

Details: _____

_____

Do you have any concerns regarding your child's speech or language development?

Details: _____

_____

Do you give your permission for us to include your child in any photos taken for marketing purposes? Yes/No

How did you hear about Love 2 Learn?

_____

_____

www.love2learn.com.au