



# Playcentre Visitor Enrolment Form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M / F

\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ M / F

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Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Caregiver's Full Name: \_\_\_\_\_

**COMMENCEMENT DATE:** \_\_\_\_\_

**Each visitor is entitled to three free visits**

Initials			
Date of visit			

**I hereby certify that the above names child/ren is not enrolled at another Early Childhood Centre for these visited sessions.**

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

**Privacy Act 1993:**

**The information contained in this enrolment is for the use of the Association, Centre and Ministry of Education personnel only.**

For centre use only:

Orientation Tour and Information given by \_\_\_\_\_ on \_\_\_\_\_