



Little Learners
Nursery and Pre-School

ENROLMENT FORM

Childs name (In Full): _____

Childs D.O. B: _____ Religion : _____

Address: _____

Mother name (In Full): _____

Father name (In full): _____

Guardian/Carer name (In Full): _____

Address 1	Address 2

Person Collecting Child	Relation	Remarks

Contact Numbers: _____ / _____ / _____

Emergency Numbers: _____ / _____ / _____

Mothers Mobile N^o.: _____ Work: _____

Fathers Mobile N^o.: _____ Work: _____

Email: _____

Does your child have any Allergies if so please state to what (e.g. animals, food, medicines, etc.)

Medical Information (If child takes regular medication such as inhalers please state)

Special Child Information: e.g. comfort toy, blanket, etc..

Remarks or any other information you might think is necessary for the Nursery team to know:
