CCC Early Learning Centre
Application Form

CALOUNDRA CHRISTIAN COLLEGE
FOUNDATIONS FOR LIFE

Please tick one option in column 1-3, column 4 optional, tick if wanting Family Group – additional care on Wednesday

☐ Pre Kindy	☐ Short Day (8:45-2:15) ☐ Long Day (8:00-4:00)	☐Early Week – Kindy A (Mon,Tue) ☐Late Week – Kindy B (Thu, Fri)	☐Family Group – Wed
☐ Kindy	☐ Short Day (8:30-2:30) ☐ Long Day (8:00-4:00)	☐Early Week – Kindy A (Mon,Tue, Alt Wed) ☐Late Week – Kindy B (Alt Wed, Thu, Fri)	☐Family Group – Wed (Alt Wed to Kindy Wed)

CHILD'S DETAILS

Child's name:	Date of Birth:
Place of Birth:	Gender: M ☐ F ☐

Has your Child attended care before? No ☐ Yes ☐ Previous care/centre:

Any Medical conditions diagnosed (Anaphylaxis, Asthma, Diabetes, Autism, AHD):

Toileting requirements:
(Tick statement which best suits)

☐Not toilet trained
☐Currently toilet training
☐Toilet trained, occasional 'accidents'
☐Toilet trained

How did you hear about us?
☐ College website ☐ Google ☐ A friend ☐ Fence Banner ☐ Other

Have you chosen your school for Prep? No ☐ Yes ☐ Name of School:

PARENT/GUARDIAN'S CONTACT DETAILS

Parent/Guardian Name 1 (Person the Child resides with):	Parent/Guardian Name 2:
Relationship to Child:	Relationship to Child:
Address:	Address:
Email:	Email:
Mobile:	Mobile:
Alt Phone:	Alt Phone:

Please submit this form with a copy of your child's birth certificate.
Form and birth certificate can be emailed – enrolments@calcc.qld.edu.au or mailed / handed to Caloundra Christian College Administration Office, 7 Gregson Place, Caloundra Q 4551.

_____ Date:
Parent/Guardian 1 Signature

OFFICE USE ONLY

Proposed Start Date	Birth Certificate Received
Notes:	