



# Bright Beginners Early Learning Centre Application Form

Phone: 0456 000 167      Email: [info@brightbeginners.com.au](mailto:info@brightbeginners.com.au)  
Address: 70 Noble Ave, Greenacre, 2190

A parent or guardian who has lawful authority in relation to the child must complete this form. The licensed children's services must collect the child's enrolment information in this form, as required by the Early Childhood Education and Care Regulation 2011 (NSW).

## Information about the Child

Family Name: ..... Date of Birth: ..... Sex: M  F  (please tick)

Given Names: ..... Other/former names: .....

Home Address: .....

Suburb:..... Post code .....

Child CRN\*:.....

Nationality: ..... Place of Birth: .....

Language(s) spoken in the home: .....

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- No, not Aboriginal or Torres Strait Islander       Yes, Aboriginal  
 Yes, Aboriginal and Torres Strait Islander       Yes, Torres Strait Islander

Proposed Start Date: ..... Date Enrolled: .....

**DAYS OF ATTENDANCE:** MON  TUES  WED  THURS  FRI  (please tick)

\*Copy of passport or certified copy of Birth Certificate to be provided within 6 weeks. Filed  YES .....  
(Centre Director Signature)

## Information about the Child's Parents or Guardians

<b>Mother/Guardian Full Name-</b> Please provide full name as provided to Family Assistance Office.	<b>Father/Guardian Full Name -</b> Please provide full name as provided to Family Assistance Office.
Home Number: ..... Mobile Number: .....	Home Number: ..... Mobile Number: .....