



Centre Enquiry Form

Child's Name: _____

Date of Birth: _____ Gender: male / female

Days of care required:

(Our policy for care requires a minimum of 2 days)

Mon Tues Weds Thurs Fri

Preferred Start Date: _____

Hours the care would be used from: _____ to _____

Parents Name: _____

Best Contact numbers/s _____ or _____

Email address: _____

Where did you hear about our Centre?

Are there any specific requirements we should know about you or your child

Please return this form to Level 1/ 580 George Street Sydney 2000 or to hsbc@kidsco.com.au