



NEW ENROLMENT FORM

2 WEEKS FREE OFFER

Complete and present this form at the centre for 2 consecutive weeks of free child care.*

Parents Name: _____ Start Date: _____

Child's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Mobile: _____

CRN: _____ Email: _____

Days Required: Mon Tues Wed Thurs Fri

* Terms and Conditions - 2 Week Free Trial Offer

1. Offer valid till 31st March 2012.
2. Parents must be already registered with a Centrelink Customer Reference number (CRN) for Child Care Benefits (CCB) and sign in for all attendances.
3. Child must be enrolled for a 4 week period minimum to receive the 2 weeks of free care.
4. Parents must not be double booked at any other centre during their time of attendance at the centre.
5. Enrolment must be completed and care commenced no later than the 31st March 2012.
6. This discount offer applies to no more than 5 days care during one calendar week before the 31st March 2012. A calendar week commences on a Monday.
7. This offer only applies to the number of days the child is enrolled for an ongoing basis.
8. Two weeks' notice must be given to change any booking arrangements.
9. Discount offer applies only to all new centre children.
10. This discount offer does not apply to any parents whose child's care was terminated by the centre for any reason.
11. Existing children enrolled at the centre are not eligible for this offer.
12. This offer only applies to long day care and does not apply to before and after school care.
13. This discount offer is applied to the full fee charged.
14. This discount is not transferable and is subject to availability.
15. This discount offer may be subject to change or cancellation at any time without notice. In the event of such a change, a notice will be posted on the centres website.

I have read and understood the terms and conditions and acknowledge that I am over the age of 18 years and that this form was completed by me as the legal guardian of the listed child. **(If submitting electronically please type your name and check box)**

Parents Name or Signature: _____ Date: _____