

Registration Form



Midleton Family Resource Centre

Please use BLOCK CAPITALS

Name of Parent/s or Guardian: _____

Address:

Telephone: _____ Mobile: _____

e-mail: _____

Name of Child: _____

Date of Birth: _____

Any Specific requirements: learning, Dietary, Medical, and Days required,

Signature of Parent/Guardian: _____

Signature of Childcare Supervisor: _____

Date: _____

Important: Completion of this form will place your child on our waiting list and does not guarantee your child a place within a specific period of time.