



## Enquiry Form

289 Pine Mountain Road MOUNT GRAVATT EAST QLD 4122

Phone: 3349 4609/3349 1585 Fax: 3349 6899

[pmrccc@bigpond.com](mailto:pmrccc@bigpond.com)

I require child care for my child whose particulars are below.

Child Name: \_\_\_\_\_ M/ F: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

**(Please notify the centre of any changes to your address or phone number)**

Parent / Carer 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent / Carer 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does your child have any additional needs e.g. physical, medical or developmental that may need to be catered for specifically, so that appropriate arrangements can be made? Please outline these: \_\_\_\_\_  
\_\_\_\_\_

Date care is required from: \_\_\_\_\_

Preference days: 1<sup>st</sup> Choice (please indicate by circling) M T W T F

2<sup>nd</sup> Choice (please indicate by circling) M T W T F

Signed: \_\_\_\_\_ Date: \_\_\_\_\_