

Baby, Toddler and Primary Enrolment form	
Child's Name	
Date of Birth	
Parent/Guardian's name	
Address	
Home Phone Number	
E-mail Address	
Emergency Phone Numbers	
Name of Nursery, Pre-school or Primary School your child attends	
Child's Medical Conditions	
Any other information you would like us to know about your Little Fin	

Please complete and return this form with payment