



ST JUDE'S EARLY LEARNING CENTRE

Mulley Street, Holder ACT 2611
PH: (02) 62875520
EMAIL: elc.stjudes@cg.catholic.edu.au
WEB: www.stjudesps.act.edu.au

Please place your ELC Enrolment Preference

Childs name: _____

Our preference for the preschool program is as follows:

(Please number 1, 2, 3 for your preference)

Full time – attending Monday to Friday (during school term)

or

Part time – (5 day fortnight) – Monday, Tuesday and odd Wednesdays

Part time – (5 day fortnight) – Thursday, Friday and even Wednesdays

Before and After School Care Request

I do not need BSC/ASC

I would like following additional care:

Regular Before School Care – school terms only (please tick the days you require)

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

Regular After School Care – school terms only (please tick the days you require)

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

Occasional BSC/ASC- I understand that I would need to contact the ELC Office to check availability for the day. Holiday program bookings will be advised at a later time.

Part time pre-schoolers – if you need Wednesdays then it will be on the alternate Wednesdays that your child attends preschool.

If your needs change then contact us as soon as possible and we can make the necessary changes.

Parent/Guardian signature _____ Print name _____

Date: _____

Growth In Truth & Love