



16 Balmain Lane  
ACTON ACT 2601  
Phone 6125 2000 Fax 6248 8194

Care Required From: \_\_\_\_\_

Suburbs/Area Required: Cubby/ ANU \_\_\_\_\_

Parent Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
**CONTACT DETAILS**  
Mobile: \_\_\_\_\_ Hom: \_\_\_\_\_  
Work: \_\_\_\_\_ UNI ID: \_\_\_\_\_  
Email: \_\_\_\_\_

**CHILD 1**  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F

Monday
Tuesday
Wednesday
Thursday
Friday

**CHILD 2**  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F

Monday
Tuesday
Wednesday
Thursday
Friday

**CHILD 3**  
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F

Monday
Tuesday
Wednesday
Thursday
Friday

Cost of Care: \$96.00 per day  
*Please note other fees and charges apply. Please contact us for more information.*