

Test 3

LISTENING

SECTION 1 Questions 1–10

Complete the form below.

Write **ONE WORD AND/OR A NUMBER** for each answer.

Early Learning Childcare Centre Enrolment Form
<p><i>Example</i></p> <p>Parent or guardian: Carol Smith</p>
<p>Personal Details</p> <p>Child's name: Kate</p> <p>Age: 1</p> <p>Address: 2 Road, Woodside, 4032</p> <p>Phone: 3345 9865</p>
<p>Childcare Information</p> <p>Days enrolled for: Monday and 3</p> <p>Start time: 4 am</p> <p>Childcare group: the 5 group</p> <p>Which meal/s are required each day? 6</p> <p>Medical conditions: needs 7</p> <p>Emergency contact: Jenny 8 Phone: 3346 7523</p> <p>Relationship to child: 9</p>
<p>Fees</p> <p>Will pay each 10</p>