|  |  |
| --- | --- |
| **Name of Center** | **Centre Contact** |
|  |  |
| **E-mail Address** | **Phone Number** |
|  |  |
| **Detail Address for Delivery (Street, Town, City, Country, Post Code)** | **Expected Opening Date** |
|  |  |
| **Planned Age Group** | **Planned Number of Classroom** | **Planned Number of Children** |
|  |  |  |
| **Room Details** |
| **Classroom** | **Number of Children** | **Children’s Age Group** |
| Room 1 |  |  |
| Room 2 |  |  |
| Room 3 |  |  |
| Room 4 |  |  |
| Room 5 |  |  |
| Room 6 |  |  |
| Room 7 |  |  |
| Room 8 |  |  |
| Room 9 |  |  |
| Room 10 |  |  |
| …… |  |  |
| **Any additional requirements?** |
|  |