

INFANT TODDLER PROGRAM ENROLMENT FORM

Date of application: ____/____/____

Child's Details

Surname: _____ Given Name(s): _____

Date Of Birth: _____ Age: _____ Place Of Birth: _____

Gender: M F

Term & Days Attending:

Term 1 Mon Tues Wed **Term 2** Mon Tues Wed

Term 3 Mon Tues Wed **Term 4** Mon Tues Wed

Does your child have a medical condition (please include any allergies):

Is your child registered with Playgroup WA? Yes No

Please tick if you **do not** wish your child's photo to be used for publishing purposes

Contact Details

Parent or Guardian surname: _____ Parent or Guardian name: _____

Address: _____ Post Code: _____

Contact Numbers: (M) _____ (H) _____

Email address: _____ Signature: _____

Would you like to be added to our email list (to receive Newsletters and information)? Yes No

Emergency Contact Details

Emergency Contact Name (other than yourself): _____

Phone Number: _____

Relationship to Child: _____

Financial Details (Admin to complete)

Fees invoiced for the amount of: \$ _____

Date to commence Playgroup: _____

Term Fees Paid: T1 T2 T3 T4

Playgroup WA paid
 Entered onto Playgroup WA
 Entered onto MAZE

