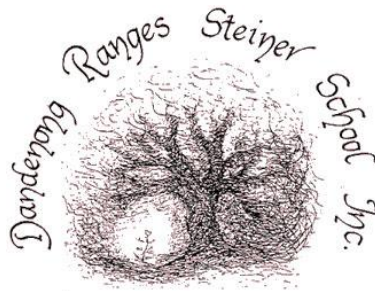


SCHOOL ADDRESS:
11c Duffys Road
EMERALD VIC 3782
ABN: 16 320 548 184



Tel: 03 8790 4797
Fax: 03 8790 4793
(business hours only)
email: drss@ozemail.com.au

Reg No: A0030084W

PLAYGROUP ENROLMENT APPLICATION

1. Child's Surname _____ Given Name/s _____

M / F _____ Date of Birth: _____

2. Child's Surname _____ Given Name/s _____

M / F _____ Date of Birth: _____

Mother/Guardian _____ Email address _____

Address _____ Postcode _____

Home Telephone _____ Work _____ Mob _____

Father/Guardian _____ Email address _____

Address _____ Postcode _____

Home Telephone _____ Work _____ Mob _____

- Do you give the school permission to include your family's names, addresses, telephone number/s and email addresses in its internal telephone directory?

YES / NO

- Which playgroup session would you like to attend?

Monday AM Tuesday AM Thursday AM Friday AM Thursday PM

- If these sessions are full there is a possibility of additional sessions running in the near future. Which of these sessions would you prefer?

Wednesday AM Friday PM

- Are there any allergies or dietary needs that we should know of?

- Do you have any skills, experience, knowledge or expertise you might be willing to share with the school community?

I agree to be responsible for the payment of all fees and charges.

Signature Date

Office Use Only

Copy Annette – Date: _____ Email – Date: _____ MYOB DB – Date: _____

Enrol All – Date: _____ Playgroup Waiting List – Date: _____