



PLAYGROUP ENROLMENT APPLICATION

Child 1 Surname Given Name

Gender Date of birth

Child 2 Surname Given Name

Gender Date of birth

Parent 1 Name Email

Address P'code

Home Telephone Mob

Parent 2 Name Email

Address P'code

Home Telephone Mob

Do you give the school permission to include your family's contact details in its internal telephone directory?.....
YES/NO

Which playgroup session would you like to attend? Please number the boxes in order of your preference.
Please note that if numbers are insufficient some sessions may not be offered.

Mon am Tues am Thurs am Fri am

If a place is available when would you like to start?

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?
.....

Which Kindergarten/School will your child be attending?

How did you find out about our Playgroup?.....

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

Signature Date

Office Use Only

MYOB _____ Gmail _____ sms broadcast _____ Project _____
 Co-ordinator _____ Acknowledged _____ Wait list _____