

APPLICATION FOR ENROLMENT



PLAYGROUP CHILD DETAIL					
Family Name		Given Name/s			
Male / Female (Circle)	Birth Date / /				
Address (Please note: where parents are separated, state the address where the child mostly resides)					
..... Postcode					
Is the student of Aboriginal or Torres Strait Islander Origin?					
No	<input type="checkbox"/>	Yes Aboriginal	<input type="checkbox"/>		
Yes Torres Strait Islander	<input type="checkbox"/>	Yes Both Aboriginal and Torres Strait Islander	<input type="checkbox"/>		
Medical Conditions: Please list here.....					
Any medication must be supplied and administered by Parent /Carer.					
Signature: _____					
Date: _____					
FAMILY DETAIL		Mother/ Parent1/ Guardian1		Father/ Parent2 /Guardian2	
Title	Mr Mrs Ms Miss Dr (Please circle)			Mr Mrs Ms Miss Dr (Please circle)	
Family Name					
Given Name					
Employer					
Occupation					
Contact Details Home / Work	H		W		
Mobile	M				M
Email	E				E
Country of Birth					
Cultural Background					
Religion					
Main language spoken at home					
Residential Address					