

## INFANT TODDLER PROGRAM ENROLMENT FORM

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child's Details

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  M  F  Other

### Site & Days Attending:

Rockingham  Mon  Tues  Wed

Pinjarra  Mon  Thurs

Lakelands  Tues  Fri

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

Please tick if you **do not** wish your child's photo to appear in our Newsletter, Website or Social Media

### Contact Details

Parent or Guardian surname: \_\_\_\_\_ Parent or Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ Contact Numbers: (M) \_\_\_\_\_

Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

### 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

Entered onto Maze  
 Date of Commencement  
 Fees Invoiced

