

Playgroup

2019 ENROLMENT FORM

CHILD'S DETAILS			
Surname		Given Name(s)	
Date of Birth		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Language(s) spoken at home other than English:			

ALLERGIES / DIETARY REQUIREMENTS / SPECIAL NEEDS
Does your child have any allergies, dietary requirements or special needs? <input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please specify:

APPLICATION DETAILS:				
	<input type="checkbox"/> Tuesday 9:15am – 11:15am	<input type="checkbox"/> Thursday 9:15am – 11:15am	<input type="checkbox"/> Friday 9:15am – 11:15am	
2019 Starting date	<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3	<input type="checkbox"/> Term 4
I/WE ARE COMMITTED TO A STEINER EDUCATION FOR OUR CHILD/REN FOR:				
<input type="checkbox"/> Playgroup Only	<input type="checkbox"/> Up to Pre-Kindy Only	<input type="checkbox"/> Up to Kindy / Pre-Primary Only	<input type="checkbox"/> Primary School	

PARENT/GUARDIAN DETAILS:			
Relationship to Child			
Surname		First Name	
Address			
Home / Mobile		Work / Mobile	
Email		Occupation	

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EMERGENCY CONTACT DETAILS <i>(of someone other than yourself)</i>			
Name		Relationship to Child	
Phone		Address	

SIBLINGS:			
Name			
Date of Birth		School	
Name			
Date of Birth		School	
Name			
Date of Birth		School	

ACKNOWLEDGEMENTS:	
<ul style="list-style-type: none"> On acceptance of an enrollment, you or your child may have your photo taken during sessions or festivals through the year. You agree for any photos taken to be used by Helena River Steiner School through the means of our website, newsletter, social media or promotional materials You understand that once offered a place and enrolled in playgroup, this enrolment will be for the year or remainder thereof. If you wish to withdraw your child from playgroup, one full term's notice must be given or one term's equivalent fees will be charged in lieu. 	
Signature:	Date:

PAYMENT:			
<i>Term Fees Playgroup: * \$140 for children under 1 * \$165 for children 1-4 years * \$80 for second child 1-4 years</i>			
Helena River Account Details:	BSB: 633-000	Acct: 152498994	Description: Child's Surname and First Name
Receipt Number	<input type="checkbox"/> Cash <input type="checkbox"/> Bank Transfer		Payment made by

OFFICE USE ONLY:			
Application Received on:			
Amount Received:		Receipt Number:	
Comments:			