



Busy Bees Playgroup 2009 Enrolment Form

Mother's Full Name _____

Father's Full Name _____

Address _____

Postcode _____ Email _____

Phone _____ Mobile No. _____

Emergency contact name and no. (must be someone who does not bring child to playgroup)

Name _____ Phone No. _____

Child's Name _____ D.O.B _____

Medical Conditions / Allergies _____

Child's Name _____ D.O.B _____

Medical Conditions / Allergies _____

Child's Name _____ D.O.B _____

Medical Conditions / Allergies _____

- I consent to any emergency treatment being attended to for my child, either with or without my presence, should it be necessary.
- Where it is deemed necessary, I consent to an ambulance being called for my child or myself. I agree to pay any expenses this may incur.
- I understand that should any such treatment be necessary every attempt will be made to contact me.
- I understand that this group is primarily a playgroup, and unless I have made other arrangements with another person, I will attend with my child.
- I agree to pay the Term fees by the third week of the term. If this is a problem, I will speak to the playgroup leader to make alternative arrangements.

Parent's signature

Date

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Playgroup Term Fees - Please make payment at the School Office by the 3rd week of Term

Family Name _____ Date _____

Amount One Child \$30 Second Child \$15 Family Payment \$45

Paying by Cash VISA/ MasterCard (please bring card with you) Cheque

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