

Parent and Baby Group / Playgroup Application Form

Parent and Baby Group is open to expectant mothers, parents and babies up to 2 years of age.

Playgroup is open to children from 2 years of age until they begin Kindergarten at Silver Tree or turn 4.

Siblings under school age are welcome. Please provide information for all children attending Parent and Baby Group or Playgroup sessions with you, regardless of their age.

| Application to enrol in year: | | | | | Application to enrol in term: | | | | |
|-------------------------------|------|------|------|------|-------------------------------|---------------|----------------|---------------|---------------|
| Year: | 2019 | 2020 | 2021 | 2022 | Term: | T1 Jan to Apr | T2 Apr to June | T3 Jul to Sep | T4 Oct to Dec |

| I am applying for: | | | | My child's age as at application date: | | | |
|--------------------|--|------------------------|--|--|--|---------|--|
| Playgroup: | | Parent and Baby Group: | | Years: | | Months: | |

| If applying for Playgroup, preferred day: (Number by preference and place a cross in box if unable to attend that day.) | | | | | | | |
|---|--|-----------|--|----------|--|------|--|
| Tuesday | | Wednesday | | Thursday | | Any: | |

| 1 st Child's details: | | | | | | | |
|----------------------------------|--|---------|---|---|-------------------------------------|-----|----|
| Child's Surname: | | | | | | | |
| Child's First Name (s): | | | | | | | |
| Date of Birth: | | Gender: | M | F | Aboriginal/Torres Islander Descent: | YES | NO |

| 2 nd Child's details: | | | | | | | |
|----------------------------------|--|---------|---|---|-------------------------------------|-----|----|
| Child's Surname: | | | | | | | |
| Child's First Name (s): | | | | | | | |
| Date of Birth: | | Gender: | M | F | Aboriginal/Torres Islander Descent: | YES | NO |

| Parent/ Guardian Details: | | | |
|------------------------------|--|--|--|
| Mother's/Guardian's Details: | | Father's/ Guardian's Details: Where details are same as mother, please leave blank. | |
| Surname | | Surname | |
| First Name | | First Name | |
| Home Address | | Home Address | |
| Postcode | | Postcode | |
| Home Tel | | Home Tel | |
| Mobile Tel | | Mobile Tel | |
| Email | | Email | |

Sibling(s) not attending Parent and Baby Group or Playgroup:

| Name | Gender | | Date of Birth | School (if applicable) |
|------|--------|---|---------------|------------------------|
| | M | F | | |
| | M | F | | |

Dietary Requirements

If you or your child have any dietary requirements, please tick if the requirement is an allergy (severe symptoms), sensitivity (non-severe symptoms) or a lifestyle choice (no known reaction, but you choose not to consume this food type) to assist us in catering for the group.

| Type of Food | Allergy | Sensitivity | Lifestyle Choice | Comment |
|--------------|---------|-------------|------------------|---------|
| | | | | |
| | | | | |
| | | | | |

Consent:**(Circle or Highlight)****Contact List**

Parent and Baby Group and Playgroup is a time of forging supportive friendships. To make it easy to contact new friends, we would like to distribute a contact list to parents in your group, but of course, we need your permission for this first.

I/we give permission for my contact details to be provided on this list.

YES

NO

Photographs/Videos

From time to time, photographs or videos are taken of various school related activities.

Sometimes these images are used in promotional material for the school or the weekly school newsletter.

I give permission for images of my child to be used in material for Silver Tree Steiner School.

YES

NO

Enrolment Fee:

Fee NOT required to be added to the waiting list. Term fees are payable at the beginning of the term, so if you have been offered a place, please complete the following:

| | | | | | | | | | | | | | | | | | | | | |
|--|--------|--------|--------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Payment by: | Cheque | EFTPOS | Credit | Bank transfer | | | | | | | | | | | | | | | | |
| If paying by bank transfer, I have used my child's surname as reference and attached or e-mailed proof of payment. | YES | | N/A | | | | | | | | | | | | | | | | | |
| I authorise you to debit my Visa/ Bankcard/ Mastercard for the following amount: (see the Fee Structure document) | | | | | | | | | | | | | | | | | | | | |
| Card Number: | | | | | | | | | | | | | | | | | | | | |
| Cardholders Name: | | | | | | | | | | | | | | | | | | | | |
| Expiry date: | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | | |

Agreement:

I confirm that the details given in this form are correct.

(If you are returning this form by e-mail, you can sign this on the day we first see you.)

| | |
|------------|------------------------|
| Signature: | Relationship to child: |
| Date: | |