# St Francis Xavier’s Playgroup Enrolment Form

## Child’s Details

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Given Name</th>
<th>Preferred Name</th>
</tr>
</thead>
</table>

- Gender:  
  - Male  
  - Female  
  - Date of Birth: / / 

## Family Details - Mother ~ Parent 1 ~ Guardian 1

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Dr</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

- Employer’s Name:  
- Occupation:  
- Contact No’s:  
  - Home  
  - Work  
  - Mobile  
- Email Address:  
- Address:  
- Postcode:  

## Family Details - Father ~ Parent 2 ~ Guardian 2

<table>
<thead>
<tr>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Miss</th>
<th>Dr</th>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- Employer’s Name:  
- Occupation:  
- Contact No’s:  
  - Home  
  - Work  
  - Mobile  
- Email Address:  
- Address:  
- Postcode:  

## Medical Conditions

<table>
<thead>
<tr>
<th>Condition 1</th>
<th>Symptoms/Treatment</th>
</tr>
</thead>
</table>
| Emergency Plan | Yes (if yes, a copy of the Plan must be attached)  

<table>
<thead>
<tr>
<th>Condition 2</th>
<th>Symptoms/Treatment</th>
</tr>
</thead>
</table>
| Emergency Plan | Yes (if yes, a copy of the Plan must be attached)  

## Medical Emergency

In the case of a medical emergency, I authorise the staff of St Francis Xavier’s to obtain any medical assistance that they consider necessary, including transportation by an ambulance.

- Yes  
- No  

## Other

- Privacy Policy: I accept the terms and conditions of the Privacy Policy and its implications for families and the school. The Privacy Policy is available from the Front Office.

- Acceptance: I/We accept the St Francis Xavier’s Playgroup Conditions of Use and declare that the information provided above is to the best of my/our knowledge true.

## Signature

- Mother - Parent 1 - Guardian 1 Signature  
- Date  

- Father - Parent 2 - Guardian 2 Signature  
- Date