



St Francis Xavier's Playgroup Enrolment Form			
Child's Details			
Last Name		Given Name	
Preferred Name			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /	
Family Details - Mother ~ Parent 1 ~ Guardian 1			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
<input type="checkbox"/> Dr	Last Name		First Name
Employer's Name		Occupation	
Contact No's	Home	Work	Mobile
Email Address		Fax	
Address			Postcode
Family Details - Father ~ Parent 2 ~ Guardian 2			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
<input type="checkbox"/> Dr	Last Name		First Name
Employer's Name		Occupation	
Contact No's	Home	Work	Mobile
Email Address		Fax	
Address (if different from above)			Postcode
Medical Conditions			
Condition 1		Symptoms/Treatment	
Emergency Plan	<input type="checkbox"/> Yes (if yes a copy of the Plan must be attached)		<input type="checkbox"/> No
Condition 2		Symptoms/Treatment	
Emergency Plan	<input type="checkbox"/> Yes (if yes a copy of the Plan must be attached)		<input type="checkbox"/> No
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.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature	
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		
Mother - Parent 1 - Guardian 1 Signature			Date
Father - Parent 2 - Guardian 2 Signature			Date