

Eaton Playgroup 2024 Enrolment Form

Phone: 08 97251655 (A	Answering Machine)	0493 618 184	Email: eato	nfamilycentre@g	mail.com	
Cnr. Charterhouse & I	Hale Streets, Eaton	PO Box 7010	Eaton 6232	ABN: 84 926	849 058	
Name of Parent: (M	1r, Mrs, Miss, Ms)					
Address:	· · · · · · · · · · · · · · · · · · ·					
<u>_</u>						
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Telephone No:						
E-mail:						
Emergency Conta	Emergency Contact Name:Phone:					
Relationship to Ch	nild/Children:					
Children's Names:			DOB:	Male	Female	
			DOB:	Male	<u>Female</u>	
Is your child up to date with their immunisations? Yes No In the event of a vaccine preventable disease being reported at the Eaton Family Centre, children who are not immunised will be excluded from attending programs for an exclusion period as determined by Department of Health guidelines. Please provide details of any medical conditions or allergies: Please provide detailed information of any hearing, speech or behavioural concerns:						
Day Preferred: Mo Morning 9.30 to 11.30		Wed	Thurs Fr	i		
Playgroup WA member		ole when you ar	e attending an E	aton Family Centi	re program.	
The conditions listed below must be adhered to in order to make these sessions run efficiently.						
 Playgroup is open to children 0-5 years of age. If you do not attend three consecutive sessions without notification, it will be assumed you do not wish to attend and your position will be forfeited to other people on the waiting list. No refunds will be given on fees paid. FULL TERM FEES APPLY REGARDLESS OF ATTENDANCE. This enrolment is valid for the full year of 2024 only. For your enrolment to be accepted a fee of \$3.50 is to be paid. Through your playgroup enrolment you are agreeing to support and adhere to our Centre's behaviour policy. 						
(Please circle the applicable and sign below)						
I DO / DO NOT give permission for Eaton Family Centre to photograph my child and/or their work to use for the Centre's social media, website and promotional materials.						

PARENTS SIGNATURE: DATE: