



Little Penguins Community Playgroup Enrolment Form _____

Please complete this enrolment form and return to Centre Coordinator as soon as possible.

Parent / Guardian's Name			
Postal Address			
	Home:	Mobile:	
Email Address:			
Facebook Name that appears on account			
Is it okay for us to contact and keep you updated via email / Facebook? Yes / No			
Name of Child / Children attending playgroup	Date of Birth	Medical Conditions / Allergies	
1.			
2.			
3.			
Is your child / Children up to date with his / her immunisations?			
Name of other family members who may occasionally attend			
Name, Address and Telephone number of family Doctor (In case of an Emergency)			
Parents / Guardians Signature:		Date:	
How did you hear about our Playgroup:			

OFFICE USE ONLY				
FEES PAID	TERM 1	TERM 2	TERM 3	TERM 4
AMOUNT	\$	\$	\$	\$
Date:				
Invoice				
WFC Photo/Video Permission form Authorisation Signed YES or NO				

All information is strictly confidential and will not be passed onto third parties. As such, the information contained will only be used or referred to when there is a need to inform you about playgroup information.

Westerly Family Centre INC Bendigo Bank Direct Banking Details

BSB: 0633000

Account Number: 159003235

THANK YOU WESTERLY FAMILY CENTRE, CENTRE COORDINATORS