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sfx.catholic.edu.au

St Francis Xavier's Playgroup Enrolment Form									
Child's Details									
Last Name	Given Name						Preferred Name		
☐ Male	☐ Female				Date of Birth		/	1	
Is your child of Aboriginal or Torres Strait Islander origin?									
No □ Yes, Aboriginal □ Yes, Torres Strait Islander □ Yes, Both □									
Family Details - Mother ~ Parent 1 ~ Guardian 1									
□ Mr □ Mrs	□ Ms □ N	liss	□ Dr		Last Name			First Name	
Employer's Name					Occupation				
Contact No's	Home			Wor	rk			Mobile	
Email Address	Fax								
Address								Postcode	
Family Details - Father ~ Parent 2 ~ Guardian 2									
□ Mr □ Mrs	□ Ms □ N	liss	□ Dr		Last Name			First Name	
Employer's Name					Occupation				
Contact No's	Home			ıoW	rk			Mobile	
Email Address					Fax				
Address (if different from above)								Postcode	
Medical Conditions									
Condition 1 Symptom				s/Trea	reatment				
Emergency Plan	☐ Yes (if yes a copy of the Plan must be attached) ☐ No								
Condition 2	Symptoms/Treatment								
Emergency Plan	☐ Yes (if yes a copy of the Plan must be attached) ☐ 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.									
□ Yes □ 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.							□ 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		