



Mill Park Playgroup



Confidential Family Enrolment Form

3 year Old Groups

ADMIN USE ONLY
Day:
Time:
Date:
Venue:

Thomastown:

Tuesday

Thursday

Child Information

Family Name: Given Names:	Preferred Name:
Date of Birth: / /	Gender: Male / Female
Language/Languages spoken in the Family home:	
Address:	
Suburb: Postcode:	
Does the child have any Dietary Restrictions: (Non-Medical)	

Parent / Guardian Contact Information with whom the Child resides

1) Family Name:	Given Name:
2) Family Name:	Given Name:
Address:	
Suburb:	Postcode:
Telephone: (H)	(M)
Email Address:	
Relationship to child:	

Additional Parent/Guardians (if Applicable)

1) Family Name:	Given Name:
2) Family Name:	Given Name:
Address:	
Suburb:	Postcode:
Telephone: (H)	(M)
Email Address:	
Relationship to child:	

Playgroup Victoria Membership Number:

Playgroup Victoria Membership No.:	It is compulsory for all members to have PGV membership Visit www.playgroup.org.au to join up Playgroup ID Number as follows: 116436 - Carrington Blvd, Thomastown
Expiry Date:	

Court Orders

Are there any court orders relating to the powers, duties responsibilities or authorities:
NO YES If yes please list below



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Child Medical Information

Doctor / Medical Service:

Doctor Name:	Medical Service:
Address:	
Telephone:	

Allergy or Medical Condition

Does the child have an Allergy or Medical Condition: Yes / No
If yes please list and include management plan (if you have a plan from GP please attach)
1)
2)
3)

Person/People who have authority to consent to or request to administer medication to the child:

1)Name:
Address:
Telephone: (H) (M)
2)Name:
Address:
Telephone: (H) (M)

Person/People to be notified of any Accident, Injury, Trauma or Illness.

(Please list in order of person to be called)

1)Name:
Address:
Telephone: (H) (M)
2)Name:
Address:
Telephone: (H) (M)

Medical Authority

I _____ (Print full name)
Consent the Mill Park Playgroup to seek medical treatment by a medical practitioner hospital or ambulance where deemed necessary by the coordinator. (I understand any cost involved will be my responsibility)

Signature Date



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Person/People who have lawful Authority to collect the child.

1)Name:
Address:
Telephone: (H) (M)
2)Name:
Address:
Telephone: (H) (M)
3)Name:
Address:
Telephone: (H) (M)
4)Name:
Address:
Telephone: (H) (M)