Montessori Playgroup Inc.

PO Box 610, Mirrabooka WA 6941 Message Bank 94875197

Enrolment Form

Confidential

Term ☐ 1 ☐ 2 ☐ 3 ☐ 4 **Session** ☐Mon ☐ Tue ☐Wed ☐Thu ☐Fri ☐Sat

Year ☐ 2010 ☐ 2011 ☐ 2012

Details of Child

Surname	First Name	Preferred Name
Date of Birth		Sex ☐ Male ☐ Female

Address

Suburb Postcode Email (This is mandatory)

Home Telephone Work Telephone Mobile

Mother's First Name Mother's Last Name Mother's Occupation

Father's First Name Father's Last Name Father's Occupation

Emergency Contact

Name Contact Number

Main person who brings child to Banksia Montessori Playgroup

All children remain the responsibility of the attending adult

First Name Last Name

Where did you hear about Banksia Montessori Playgroup?

☐ Friend/Relative who does or has attended BMP playgroup ☐ Search on the Internet

☐ Other word of mouth ☐ Newspaper ad/editorial (Please specify paper)

☐ Flyer/Poster (Please specify location) ☐ Other (Please specify)

Playgroup WA Inc Annual fee - Are you a current member? Yes / No *If yes - please provide membership number below*

If no -You will be required to pay the annual fee with your Banksia Montessori Playgroup fees.

☐ Yes Membership number_____ Playgroup Name_____ ☐ No

Please nominate which committee position you will take:

☐ Vice – President ☐ Treasurer ☐ Enrolment Officer ☐ Fund Raising Officer ☐ Purchasing Officer

☐ President ☐ **Secretary**

This is a parent run playgroup and consequently all parents are expected to contribute to the running of Banksia Montessori Playgroup. This includes (but is not limited to) busy bees, fundraising, attending occasional Committee Meetings and rostered duties.

Signature	Print Name	Date

Please discuss with the teacher any medical/educational/emoti ultural concerns you may have for you child.

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