

SUGAR GUMS PLAYGROUP APPLICATION

Child's First Name:		Surname:	
Date of Birth:		Age Now:	
Gender:			
Residential Address:			

REQUESTED ENROLMENT:

Year of Prospective Enrolment:	20 _____		Number of Sessions:		
Preferred Term of Enrolment:	Term 1	Term 2	Term 3	Term 4	
Preferred Day/s:	Monday	Tuesday	Wednesday	Thursday	Friday

MOTHER/GUARDIAN'S DETAILS:

First Name:		Surname:	
Contact Number:			
Postal Address			
Email Address/es:			

FATHER/GUARDIAN'S DETAILS:

First Name:		Surname:	
Contact Number:			
Postal Address			
Email Address/es:			

Please understand that places are limited in every Playgroup session to ensure a prepared environment. If there is not immediately a place available, applications will be added to the wait list. Children are eligible to attend Sugar Gums Playgroup from the age of 18 months to approximately 3 years. Please enclose a non-refundable application fee of \$25 (inc GST) with your application. Please note that Playgroup term fees of \$160 are payable in advance to secure your place and are non-refundable in the event of non-attendance.

Signature of Parent/Guardian: _____ Date: _____

Please note that this application refers only to Sugar Gums Playgroup. To place your child's name on the waiting list for the Children's House, please contact the School on office@treetops.wa.edu.au . PRIVACY: In accordance with the Commonwealth Privacy Act, Treetops will not release the above information to any third parties.

OFFICE USE ONLY:

Application Fee:

Invoicing: