

## INFANT TODDLER PROGRAM ENROLMENT FORM

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Child's Details

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  M  F  Other

### Site & Days Attending:

**Rockingham** Mon  Tues  Wed

**Lakelands** Mon  Tues  Fri

Does your child have a medical condition (please include any allergies):  
\_\_\_\_\_

Please tick if you **do not** wish your child's photo to appear in our Newsletter, Website or Social Media

### Contact Details

Parent or Guardian surname: \_\_\_\_\_ Parent or Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ Contact Numbers: (M) \_\_\_\_\_

Email address: \_\_\_\_\_ Signature: \_\_\_\_\_

### Emergency Contact Details

Emergency Contact Name (other than yourself): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Admin to complete

Entered onto Maze  
Date of Commencement  
Fees Invoiced

