

Eaton Playgroup 2025 Enrolment Form

Phone: 08 97251655	(Answering Machine)	0493 618 184	Email: eat	onfamilycentre@gmail.com		
	& Hale Streets, Eaton	PO Box 7010		ABN: 84 926 849 058		
Name of Parent:	(Mr. Mrs. Miss. Ms)					
Address:						
Address.						
Telephone No: (H)		(M)				
E-mail:						
Emangeness Cont	eat Name		Dha			
Emergency Contact Name:Phone:						
Relationship to 0	Child/Children:					
Children's Name	s:		DOB:	Male/Female		
			DOB:	Male/Female		
Is your child up to date with their immunisations? Yes/No (Please circle) In the event of a vaccine preventable disease being reported at the Eaton Family Centre, children who are not immunised will be excluded from attending programs for an exclusion period as determined by Department of Health guidelines.						
<u>-</u>	etails of any medio		•	es: 		
Please provide detailed information of any hearing, speech or behavioural concerns:						
			•	Oam (Please circle 1 ST & 2 ND choic <mark>Eaton Family Centre program</mark> .		
The conditions listed	d below must be adher	ed to in order to	make these s	sessions run efficiently.		
 If you downish to a No refur FULL TB This en Through behavior 	attend and your position and will be given on fees ERM FEES APPLY REG rolment is valid for the your playgroup enroll ur policy.	ecutive sessions will be forfeited to paid. ARDLESS OF A full year of 202 ment you are a	to other people ATTENDANCE. 5 only. agreeing to su	ation, it will be assumed you do ron the waiting list. pport and adhere to our Centre one day per week – adjusted price	e's	
(Please circle the appli	cable and sign below)					

I **DO / DO NOT** give permission for Eaton Family Centre to photograph my child and/or their work to use for the Centre's social media, website and promotional materials.

PARENTS SIGNATURE:	DATE: