

Trinity Lutheran College PLAYGROUP Registration Form: page 1/2



Private and Confidential

This is a Registration Form only and does not guarantee a place for your child in the Playgroup program as numbers are capped at 20 children per session. Vacancies are filled in date order of the receipt of Registration Forms.

Child's Details (please use one form per child)

First Name Last Name

Other name(s) child is known by Date of Birth

Gender M F Ethnicity

Is your child of Aboriginal or Torres Strait Islander Origin? Yes No

Language Religion

Family Structure

Is there any information that you can share that may help us to know your child and family?
(living at home with mother and father, single parent, grandparent, foster care, siblings, blended family for example.
Please list any family, friends or pets that are significant in your child's life.

Medical Conditions / Requirements

Any ongoing medical condition your child has been diagnosed with such as asthma, autism or diabetes.
Medications, allergies, developmental delays/adjustments to expected time frames for milestones, premature birth
or prone to febrile convulsions.

Cultural / Religious and/or Dietary Requirements

Dietary requirements, specific practices for eating/toileting or rest that must be observed or ways that we can
ensure your family's culture is reflected in our daily routine.

Toileting Requirements

Please indicate which statement best describes your child's toileting needs and provide comments in the section
below that may assist us in working with you during the toilet training process.

- In nappies full time, not considering toilet training at this stage
- In nappies full time, would like to commence toilet training
- Toilet training with occasional 'accidents'
- Toilet trained

What are your expectations/hopes/goals for your child whilst at Playgroup?

What are your child's current interests?

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Parent / Guardian Details (block letters please):

Given name: _____ Surname: _____ Email: _____

Given name: _____ Surname: _____ Email: _____

Phone: _____ Work: _____ Mobile: _____

Address: _____

Agreements:

1. I agree to **keep my child home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff**
2. I agree to **notify** the Playgroup promptly of the **reasons for any absences**
3. I understand and accept that fees are payable for Playgroup attendance: \$5 per session or \$30 per term
4. I give permission for photos of my child to be used at Playgroup, in Newsletters and displays.

Please tell us your link to Trinity: (please tick) Current family of the College Congregation member Alumni

Please tick if you require a place for ELC or Prep at Trinity Lutheran College.
You will be invited to meet with the Head of Campus prior to entry.

Signatures:

First Parent / Guardian signature: _____

Second Parent / Guardian signature: _____

Date: _____