



St Mary's Mini Marvels Playgroup Application

STUDENT INFORMATION

Student Surname: _____ First Name: _____ Middle Name: _____
 Residential Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Date of Birth: _____ Birthplace: _____
 Gender: M / F Religion: _____

FAMILY INFORMATION

FEMALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
 Mailing Address: _____
 Contact Numbers: (H) _____ (Mb) _____ (W) _____
 Email: _____

MALE PARENT OR GUARDIAN

Title: _____ Surname: _____ First Name: _____
 Address: _____
 State: _____ Postcode: _____
 Mailing Address: _____
 Contact Numbers: (H) _____ (Mb) _____ (W) _____
 Email: _____

MEDICAL INFORMATION OF STUDENT

Does your child suffer from any allergies or medical concerns? YES / NO. If yes, please provide further information

1. _____
2. _____

PHOTOGRAPHIC PERMISSION

Permission is granted to the St Mary's Catholic Primary School to use images of my child in newspapers, publications, brochures, the school newsletter, website, displays and other promotional material. Yes/No

AGREEMENT

I/we understand that acceptance into St Mary's Mini Marvels Playgroup at St Mary's CPS does not automatically guarantee acceptance into Kindergarten the following year.

I/we understand that St Mary's Mini Marvels Playgroup at St Mary's CPS is a parent involved program and therefore a parent or guardian is to be present the whole time. Parents or guardian are responsible for the health and well-being of their children whilst involved in the program.

I/we understand that the room being used, the current Kindergarten room, is a shared space and class setups and displays must be respected and returned to their original condition.

Signature of Parent(s)/Guardian(s)

_____ Date _____ Date _____
 Mother or Female Guardian Father or Male Guardian