



PO Box 135
Yallingup 6282
Phone: 08 9755 2230
Fax: 08 9755 2575
www.yss.wa.edu.au

Date Received / /

Amount \$

Receipt #

Application for Admission Playgroup 2017

Child's First Name _____ Surname _____ Boy/Girl _____

Child's primary address _____ Town _____ State _____ Post Code _____

Birth Date ____/____/____ Country of Birth _____

Required start date Semester 1 or 2 (please circle) Year _____

Preferred group- Please circle -

Carbunup River: Mon am/Tues am **Wishing Star:** Wed am/Thurs am - **Yallingup:** Fri am

Mother's Name _____ Occupation _____

Home address _____ Post code _____

Postal address _____ E mail _____

Home Phone _____ Work Phone _____ Mobile _____

Father's Name _____ Occupation _____

Home address _____

Postal address _____ E mail _____

Home Phone _____ Work Phone _____ Mobile _____

With whom does the child live with?

Both Parents Mother Father Step parent Other _____

Current (or previous) playgroups attended _____

Siblings over 12 mths, attending _____ Age _____

Number of children in the family _____

Attending Yallingup Steiner School

Name	Birth Date	or a Steiner playgroup?	
_____	___/___/___	Yes	No
_____	___/___/___	Yes	No
_____	___/___/___	Yes	No
_____	___/___/___	Yes	No

Please give a brief description of your child _____

Does your child have any special needs or disabilities including dietary restrictions Yes No

Please describe _____

Would you Like to receive our weekly online newsletter YES NO - Please circle

Person/s responsible for playgroup account _____ Date / /

*In order to register a child for enrolment, an application fee of \$25 per child must accompany the application form.
This is non-refundable and covers administration costs.*

0 - 3 years **\$400** first child per semester (equivalent of 2 terms)

\$170 each subsequent sibling per semester (equivalent 2 terms) for each subsequent child over 12 months.

Accounts can be paid in person during office hours Monday - Friday 9am - 4pm, cheques/money orders can be posted to the school.

Credit card/Eftpos/Direct debit is available -phone the office for details or pay online to:

BSB 016 580 Account 3409 07004.

Payment by cheque: Amount enclosed \$ _____

Payment by credit card:

I authorize you to debit my Visa / Bankcard / MasterCard for \$ _____

Card number _____ Expiry date ____ / ____

Card holder's Name _____ Signature _____

All Families will receive confirmation of their child's placement prior to first term

Payments and queries on fee related matters should be addressed to:

The Business Manager, Yallingup Steiner School

PO Box 135,

Yallingup WA 6282

Email businessmanager@yss.wa.edu.au