

**Possum KindyGym**  
**48-50 Oaklands Road, Hazelbrook**  
**Tel: 02 4758 9966**

**ENROLMENT FORM**

Child's Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Carer (if applicable): \_\_\_\_\_

Older siblings' names who may need to attend as non-enrolled children:

\_\_\_\_\_

In case of emergency, who should be contacted?

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Does your child have any medical conditions which may limit their participation?

Yes / No (Please circle)

If yes, please give details:

\_\_\_\_\_

Is any medication likely to be needed to be given during the session?

Yes / No (Please circle)

If yes, please give details:

\_\_\_\_\_

What do you expect you and your child may gain from participating in KindyGym?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_