



Does the child have any allergy or sensitivity (including bites?)  No  Yes

Does the child have any medical conditions and needs which are relevant to the school? (e.g. asthma, epilepsy, diabetes etc)  No  Yes

Does the child have any dietary restrictions?  No  Yes

If yes to any of the above, please attach a copy of the procedure required to be followed and/or a copy of the management plan such as in the case of asthma or anaphylaxis.

Does either carer have any relevant medical conditions?  No  Yes

If yes to the above, please list conditions below, and attach a copy of the procedure required to be followed and/or a copy of the management plan such as in the case of asthma or anaphylaxis.

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**PREFERRED PLAYGROUP SESSION (ORDERING AS 1ST, 2ND, 3RD):**

Cottage Playgroup (aged 1-3yrs):  MON  WED  FRI

- OR -

Nature Playgroup (aged 3-5yrs):  THU Nature Playgroup  FRI Nature Playgroup

Please note that your preference will always be taken into consideration but cannot be guaranteed.

**APPLICATION PROCESS:**

- All Playgroup enquiries may be directed to: [playgroup@sophiamundi.vic.edu.au](mailto:playgroup@sophiamundi.vic.edu.au)
- An application fee of \$35 must accompany this Playgroup application.
- You will be notified when a place becomes available. We will also send you an invoice at this time for the Term's fee. **To confirm your acceptance, the Term fee of \$270 must be paid before the start date.**
- The Applicants, whose signatures appear below, shall be jointly and severally responsible for the payment of all fees and charges. In the case of a two-parent family, both parents/guardians must sign the application form.
- If my/our child's enrolment is accepted, I/we undertake to honour the commitments regarding fee policy and payment of fees as determined by the School from time to time.
- I/We understand that an application and enrolment for Playgroup does not ensure a place at Sophia Mundi Steiner School; a separate application must be completed for a School enrolment.

Name \_\_\_\_\_ Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**PAYMENT OPTIONS:**

**Cheque:** made out to "Sophia Mundi Steiner School" **Credit Card:** Mastercard/ Visa, please phone 9419 9229

**Direct Bank Transfer (EFT):** Reference - Your child's FULL name (first and last)

Account Name: SOPHIA MUNDI LTD Deposit funds into: NAB BSB 083-419 Account Number: 57-773-4025

OFFICE USE ONLY  WWCC Exp  WWCC Exp  
Application Fee of \$35 Received per: Payment Type: Date:



**SOPHIA MUNDI Limited**  
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