Playgroup enrolment form

Parent/guardian

Surname Address Suburb Phone

Date enrolled

First name

Postcode

Email

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| Children (enrolling) |
|  | Surname | First name | M/F | Date of birth | Main language spoken at home? | Has either parent lived5 years or less in Australia?Y/N | Is child Aboriginal or Torres Strait Islander?Y/N |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| Does your child(ren) have any medical conditions or special needs? |

We will treat everything you tell us as confidential; the only exception would be any serious issue concerned with the protection of your child(ren).

Emergency contact

Name

Home phone

Mobile

* I consent for non-identifiable data to be collected for statistical, planning and similar purposes.
* I consent to video footage/photos/other images of my child and myself being taken by staff in playgroup to share with my family and other families.
* I agree that the images/photos can be used in documents external to playgroup such as reports, newsletters, conference presentations etc.

Name Signed