



Playgroup Enrolment Form (records are kept confidential)

I would like to enrol for the following group(s) for 2017 Tues Wed Thurs (please circle preferred)

Family Name: _____

Child's Name: 1. _____ D.O.B. _____

2. _____ D.O.B. _____

3. _____ D.O.B. _____

Mother's full name: _____

Father's full name: _____

Address: _____

Phone No.: _____ Mobile: _____

Email Address: _____

Doctor/Medical Centre: _____

Address: _____

Phone Number: _____

Any Allergies (medications/drinks/foods)? Please provide details _____

Any Dietary restrictions?: _____

Person's to be notified in case of accident, injury, illness or trauma:

1. Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Mobile: _____

2. Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Mobile: _____

PLEASE CIRCLE YOUR RESPONSE

1. Are you happy to have your name and phone number circulated to other members of your group?

YES / NO

2. I hereby give permission for any photographs of my child/children to be used for future Promotions/playgroup activities of Camberwell Structured Playgroup Association Inc. (CSP newsletter & local community promotion, CSP & Playgroup Victoria website & facebook)

YES / NO

3. Do you / your partner have any skills that may be of use to the playgroup?

4. Would you be interested in serving on the committee?

Camberwell Structured Playgroup is run by a volunteer committee. No experience is necessary to join the committee, it does not take up much time and meetings are only once a term. Positions include President, Marketing, Treasurer, Enrollments, Fundraising, Secretary and Maintenance.

YES / NO

5. How did you hear about the Camberwell Structured Playgroup?

I hereby give permission for staff of the Camberwell Structured Playgroup Association Inc to seek medical, hospital, dental or ambulance assistance for my child/children and I accept full financial responsibility for such action.

I agree to pay term fees in full by the due date. I understand that Camberwell Structured Playgroup will not pro rata my fees if I cannot attend a session.

I agree to advise Camberwell Structured Playgroup immediately if I wish to cease my membership.

Child name 1: _____

Child name 2: _____

Signed: _____

Date: _____

Printed name: _____