



Office Use Only

TERM/ YEAR		PLAYGROUP TITLE	
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Please complete details below using BLOCK letters

Section 1 CARER/PARENT DETAILS

SURNAME												
FIRST NAME									GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F	
ADDRESS												
SUBURB								POSTCODE				
TELEPHONE	HM						MBL					
EMAIL												
RELATIONSHIP TO CHILD/REN												
FAMILY ORIGIN	Koorie <input type="checkbox"/>		Torres Straits Islander <input type="checkbox"/>			Immigrant <input type="checkbox"/>			Refugee <input type="checkbox"/>			
LANGUAGE/S SPOKEN AT HOME												

Section 2 ATTENDING CHILDREN'S DETAILS

CHILD No.1	NAME														
	AGE		GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F	DATE OF BIRTH						2	0	2	Y
	ANY ILLNESSES? (PLEASE LIST)														
	ANY ALLERGIES? (PLEASE LIST)														
CHILD No.2	NAME														
	AGE		GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F	DATE OF BIRTH	D	D	M	M	2	0	Y	Y	
	ANY ILLNESSES? (PLEASE LIST)														
	ANY ALLERGIES? (PLEASE LIST)														
CHILD No.3	NAME														
	AGE		GENDER	<input type="checkbox"/> M	<input type="checkbox"/> F	DATE OF BIRTH	D	D	M	M	2	0	Y	Y	
	ANY ILLNESSES? (PLEASE LIST)														
	ANY ALLERGIES? (PLEASE LIST)														

PRIVACY NOTICE:

The personal and health information being collected by this organization is for the purposes of providing the most appropriate program for your child/children. We will only use this information for this purpose. The information will remain private and confidential and will only be disclosed to another person or agency with written consent from the parent or guardian or as required by law. Authorised Officers from CEACC and/or from State and/or Commonwealth Departments may view this information from time to time.

PLEASE CONTINUE ON THE BACK OF THIS FORM



DO YOU OR YOUR CHILD HAVE ANY SPECIAL NEEDS THAT CEACC NEEDS TO KNOW? IF YES PLEASE SPECIFY.

Four empty rows for specifying special needs.

Section 3 EMERGENCY DETAILS

Table with columns for NEXT OF KIN, DOCTOR, and PHONE NOS.

Section 4 ACKNOWLEDGEMENTS

- Seven checklist items regarding enrolment terms, responsibilities, and consent.

By signing below, I indicate that I agree to abide by CEACC's Playgroup Policy and accept these conditions of enrolment.

Signature and Date fields.