

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	<input type="checkbox"/> KOORIE		<input type="checkbox"/> TORRES STRAITS ISLANDER			<input type="checkbox"/> IMMIGRANT			<input type="checkbox"/> REFUGEE			
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	D	D	M	M	2	1	Y	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	1	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	1	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.	

Section 3 EMERGENCY DETAILS

NEXT OF KIN		PHONE NOS	
DOCTOR		PHONE NOS	

Section 4 ACKNOWLEDGEMENTS

- I understand that the information contained in this enrolment form and is collected by CEACC for the purpose of providing it to its funding bodies from time to time and only authorised persons from CEACC and/or State and/or Commonwealth Departments may view it.
- I understand that positions in any Playgroup conducted by CEACC are offered on a “fully paid fees basis” term by term only and that my position in a playgroup is reliant on my account being settled by the start of each term.
- In fairness to all families wanting to take part in one of our playgroups, I will take responsibility for my own enrolment.
- I understand that every effort will be made to accommodate me in the group I prefer, however this may not be possible due to the limited spaces and high demand for positions in CEACC’s playgroups.
- I give CEACC permission to take photographs and/or videos of my child. I consent to the use of such materials for promotional purposes by CEACC.
- I understand and agree that I am solely responsible for the supervision and behaviour of my child/ren whilst on the premises at Selwyn House.
- I understand that CEACC reserves the right to terminate the enrolment of any person or child whose behaviour is inappropriate, violent, threatening or in breach of the CEACC’s policies.
- Non-refundable Administration charges apply. Please refer to our enrolment terms and conditions.

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

SIGNATURE		DATE	/ /