**XXXXX PLAYGROUP**

**Enrolment Form**

**Parent/Carer(s) Details:**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Please tick the box if you are happy for your email address to be provided to Playgroup WA so they can communicate with you and inform you of any upcoming events, etc.

**Child/ren(s) Details:**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F DOB: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Playgroup Fees**

Fees are currently set at $xx per family per term. This fee covers the cost of tea/coffee, craft materials, etc. In addition, an annual membership fee (see below) with Playgroup WA is required upon joining and payable after the third visit. If payments need to be made over the term, please speak with a committee member as soon as possible to make arrangements.

*All information is strictly confidential and will not be passed on to third-parties other than Playgroup WA.*

**Playgroup WA (Inc.) Membership and Insurance Fee:**

□Family ($35.00 per annum) □ Playgroup Plus ($15.00 per annum) (Health Care Card Holder)

□ Paid Elsewhere Membership ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Another playgroup)

**Parent/Carer’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

***Playgroup to complete***

**Amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Receipt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date fee given to Treasurer**: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Date entered on Playgroup WA (Inc) portal**  \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Date Direct Debit/Payment to Playgroup WA (Inc)** \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_