

**Playgroup Enrolment Form YEAR: \_\_\_\_\_\_\_\_\_**

**Parent/Carer Details:**

Full name: ………………………………….. Gender: M / F DOB: ..…../..…../..…..

Postal address: …………………………………………………………………………………………………….

Postcode: ......................Telephone/Mobile: ……………………………………………………………………

Email address: ……………………………………………………………………………………………………..

Country of birth: ……………………………….

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

Full name: ……………………………………….….. Gender: M/F DOB: …../…../…..

Full name: …………………………………………... Gender: M/F DOB: …../…../…..

Full name: …………………………………………... Gender: M/F DOB: …../…../…..

Full name: …………………………………………... Gender: M/F DOB: …../…../…..

**Emergency Contact:**

Name: ………………………………………..……... Telephone: ……………………………………..

1. **Payment Information:**

Playgroup Fees are currently **$ per week/term**. This fee covers the cost of tea/coffee/milk, and craft consumables. In addition, an **annual membership fee** (see below) with Playgroup WA is required upon joining and payable by your third week. Membership grants you insurance for your playgroup activities plus gives you access to Playgroup WA membership benefits.

**2. Additional Information:**

* Are there any allergies that we need to be aware of? **⬜ Yes ⬜ No** …………………………………………...
* This school is an allergy friendly school and ask that you do not bring nuts to playgroup.
* I consent to my child/ren(s) photos being taken and being uploaded to the Facebook group **⬜ Yes ⬜ No**
* Please see group leader for any further inquiries.

**3. Parent/Carer’s signature**: ………………………………………………………………………….

*By signing you acknowledge that you are aware of and agreeing to all the information set out on this form.*

*All information is strictly confidential and will not be passed on to third-parties with the exception of Playgroup WA.*

**4. Playgroup WA (Inc.) Fees:**

⬜Family ($35.00) **or** ⬜ Playgroup Plus ($15.00) **or** ⬜Family Day Carer ($35.00) **or** ⬜ Paid Elsewhere

 *(Health Care Card Holder) (Another Playgroup)*

 Membership ID #…………………….

**\*Preferred payment option:** ⬜ I wish to pay for one term \_\_\_\_\_\_\_\_ + Playgroup WA fee ($35 or $15)

 ⬜ I wish to pay per week \_\_\_\_\_\_\_\_ + Playgroup WA fee ($35 or $15)

***Office use only***

**Date received enrolment form:** \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

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

**Date entered on Playgroup WA portal or form given to Playgroup WA**  \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Date Direct Debit/Payment to Playgroup WA or money given to Playgroup WA** \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_