

Brentwood Park Neighbourhood House Inc.
(A0052923M)



Playgroup Enrolment Form

Before you fill enrolment forms, please read our terms and conditions.

Session Attending: _____ Year: 2019

Date and Term Starting: _____

Child/Children's Details: (please include all children including babies – for insurance purposes)

Surname: _____

Given name/s: _____

Date of Birth: _____

Home address: _____

Language spoken at home: _____

Family Details

Mothers Name: _____

Home Phone No: _____ Work: _____ Mobile: _____

Email address _____

Father's Name: _____

Home No: (if different) _____ Work: _____ Mobile: _____

Email address _____

Person bringing the child to playgroup _____

Relationship to the Child: _____ Contact Phone No: _____

Medical Details

This information needs to be current. Please advice of any changes.

Family Doctor (name): _____ Phone No: _____

Address: _____



Medicare No: _____

Private Health Fund: YES NO

Details if Yes _____

Ambulance Subscription: YES NO

Is your child fully immunised: YES NO

Childs allergies _____

Please Note: The following information is required in case of an emergency situation only

Emergency contact persons

The person/s listed below, I/we authorise to collect my/our child/children from the centre and who can be contacted in an emergency.

Do these adults have lawful authority to consent to the administration of medication to the child?

YES NO

Name: _____

Relationship to the Child: _____ Contact Phone No: _____

Address: _____

Name: _____

Relationship to the Child: _____ Contact Phone No: _____

Address: _____

I understand that the information I have given is true to the best of my knowledge, and agree for emergency medical treatment to be sought if necessary.

Signature _____ Date: _____

Name (Mother/Father/Guardian) _____