Program:

**Playgroup**

🖵 Monday

🖵Tuesday AM / PM

🖵 Wednesday

🖵 Thursday

🖵 Friday

Date and Term Starting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Surname:

Given name/s:

Date of Birth:

Home address:

Language spoken at home:

**Family Details**

Parent 1 Name:

Home Phone No: Work: Mobile:

Email address

Parent 2 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 advise 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

Child’s 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:

**Brentwood Park Neighbourhood House Membership**

Are you a member of BPNH for the calendar year? 🖵 YES 🖵 NO

*If no, an addition $6 will be charged to your initial term fees for BPHN membership.*

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 (Parent/Guardian)

**PHOTOGRAPH/VIDEO CONSENT FORM - INDIVIDUAL**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please print your name & child/children’s name)*

agree to have my photograph or video taken by a representative of Brentwood Park Neighbourhood House.

By signing this form I understand that I am giving BPNH permission for me to be photographed or videoed and that these photographs or videos might be used in a range of media, including hard copy and electronic formats.

Examples of where some photographs might appear include:

* Newspapers and other media publications like magazines and/or newsletters
* Brentwood Park Neighbourhood House. Website, Facebook and other electronic formats.

I would **not** like to be included in any photographs and/or videos.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Please print name*)

Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*phone number*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(email)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_