



MARY MACKILLOP  
PENOLA

# Playgroup Enrolment Form

## Parent/Guardian

Surname \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date enrolled:     /     /

## Children (enrolling)

	Surname	First name	M/F	Date of Birth	Main language spoken at home	Has either parent lived 5 years or less in Australia? Y/N	Is the child Aboriginal or Torres Strait Islander? Y/N
1							
2							
3							
4							

Does your child(ren) have any medical conditions or special needs?

**We will treat everything you tell us as confidential; the only exception would be any serious issue concerned with the protection of your child(ren).**

- I consent for non-identifiable data to be collected for statistical, planning and similar purposes.
- I consent to video footage/photos/other images of my child and myself being taken by staff in playgroup to share with my family and other families.
- I agree that the images/photos can be used in documents external to playgroup such as reports, newsletters, conference presentations etc.

Name \_\_\_\_\_

Signed \_\_\_\_\_

## Emergency contact

Name \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_