



# BINGA WINGA BUSH PLAYGROUP

## ENROLMENT APPLICATION

Please complete this form and return to the Centre as soon as possible to ensure your child is placed on our Waiting List.

**PLEASE NOTE: Registration with Playgroup SA (Annual Fee of \$40.00 per family) is mandatory before your child can attend the Bush Playgroup sessions.**

Child's Name (*last*) \_\_\_\_\_ (*first*) \_\_\_\_\_ Male / Female

Child's Date of Birth \_\_\_\_\_

Preferred Day of Attendance (*please circle*)

**MONDAY / FRIDAY**

*Caregivers are authorised adults (16+) who have taken legal responsibility for, and will accompany, the child during the Bush Playgroup hours.*

CONTACT LIST		
CAREGIVER #1	CAREGIVER #2	CAREGIVER #3
First Name	First Name	First Name
Last Name	Last Name	Last Name
Address	Address	Address
Post Code	Post Code	Post Code
Home Phone	Home Phone	Home Phone
Mobile	Mobile	Mobile
Relation to Child	Relation to Child	Relation to Child
Email Address	Email Address	Email Address
Medical Information	Medical Information	Medical Information

## MEDICAL INFORMATION

Has your child been diagnosed with a medical condition?	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Allergies	<input type="checkbox"/> Other
Details If "Yes" please fill in a Medical Action Plan				
Does your child take prescribed medication on a regular basis?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Details If "Yes" please fill in a Medical Action Plan				
Does your child have additional needs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Details if Yes				
Has any caregiver listed in contact list been diagnosed with a medical condition?	Name:			
	Details:			
Please fill in a Medical Action Plan				

## MEDICAL AUTHORITY

To obtain emergency medical treatment for my child and an ambulance called if the situation requires it	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Signature		
Date		
<i>PLEASE NOTE: Ambulance charges may apply if you don't have Private Health Cover.</i>		

## PHOTOGRAPHIC AUTHORITY

I hereby give my permission for Montessori Childrens Centre and/or authorised staff to use the name and/or photo of my child for promotional use, including media (Facebook, website, etc).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Signature		
Date		

## OBSERVATION / RECORDING AUTHORITY

For Service staff and students to observe my child to assist in developing an appropriate development educational program for studies and use the name and/or photo of my child for the Service displays.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Signature		
Date		

### Office use only

Date reg. \_\_\_\_\_

Playgroup SA Membership paid and completed Yes / No

Playgroup SA Membership Number \_\_\_\_\_

Bush Playgroup Fees paid

Term 1	
Term 2	
Term 3	
Term 4	