



Family Playgroup / Mothers' Group Enrolment Form

Please Tick Which Session:

TUESDAY 9.30 a.m. - 11.30 a.m. THURSDAY 9.30 a.m. - 11.30 a.m.

MOTHERS' GROUP: DAY..... TIME.....

**Name of Parent
or Guardian**

Date of Birth

Name of Child

Date of Birth

Name of Child

Date of Birth

Name of Child

Date of Birth

Address

Phone Number (home)

Phone Number (work)

Mobile Phone Number

Email Address

I understand that I will be required to support leaders with the activities on a roster system.

signed

How Did You Find Out About This Centre Or Group? (Please Tick)

- Local Paper (Leader) Library Brochure in Letterbox Previous Attendance
- Local Paper (Journal) A Friend Infant Welfare Centre Agency
- Telephone Enquiry to Centre Internet Maroondah City Council Other

How did you commute to our centre?

- Walk Car Public Transport Car Sharing

Country of Birth

Is a second language spoken at home? Yes / No

Which language?

Proficiency in Spoken English

Indigenous Status: Aboriginal T.S.I. Neither

*Bedford Park
Bedford Road
Ringwood, Vic 3134*

*Tel/Fax: 03 9870 2602
crccinc@bigpond.net.au
www.crccinc.org.au*

ABN: 82 757 628 466

Is there any relevant information relating to the health of your child/ children:

.....
.....

Name In Case of an Emergency – Person to Contact

Name
Relationship
Phone Number
Mobile Number

Doctor – in case of a Medical Emergency

Doctor’s phone Number
Doctor’s mobile

PLEASE NOTE

Regulation 37 of the Children’s Services Centres Regulation 1988

“A child must not be enrolled at a centre unless the child’s guardian has authorised the centre to seek emergency medical, hospital or ambulance service. All costs incurred, should such an emergency arise, are to be covered by parent/guardian.”

I give permission for Central Ringwood Community Centre Inc (Vic) to seek emergency medical, hospital or ambulance service and will cover all costs incurred should such an emergency arise.

Signature

FOR OFFICE USE ONLY:

Term 1

Term 2

| Date | Payment | Receipt No | Balance | Date | Payment | Receipt No | Balance |
|------|---------|------------|---------|------|---------|------------|---------|
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Term 3

Term 4

| Date | Payment | Receipt No | Balance | Date | Payment | Receipt No | Balance |
|------|---------|------------|---------|------|---------|------------|---------|
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