

CENTRAL RINGWOOD COMMUNITY CENTRE INC

Office Hours: Mon - Thu 9.00 am - 4.00 pm, Fri 9.00 am - 1.00 pm (Vic) A0002320N ABN: 82757628466

Phone: 9870 2602

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Address: Bedford Park, Bedford Road, Ringwood, 3134

www.crcinc.org.au

Email: crccinc@bigpond.net.au

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/Children: D.O.B.

Name Of Child/Children: D.O.B.

Name Of Child/Children: D.O.B.

Address:

Postcode: Telephone Number (Home).....

Telephone Number (Mobile) Telephone Number (Work).....

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)

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Local Paper (Leader) | <input type="checkbox"/> Library | <input type="checkbox"/> Brochure in Letterbox | <input type="checkbox"/> Previous Attendance at Centre |
| <input type="checkbox"/> Local Paper (Journal) | <input type="checkbox"/> A Friend | <input type="checkbox"/> Infant Welfare Centre | <input type="checkbox"/> Telephone Enquiry to Centre |
| <input type="checkbox"/> Local School | <input type="checkbox"/> Internet | <input type="checkbox"/> Maroondah City Council | <input type="checkbox"/> Agency |
| <input type="checkbox"/> 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

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

.....

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.....

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FOR OFFICE USE ONLY:

TERM 1.

TERM 2.

DATE	PAYMENT	RECEIPT NO.	BALANCE		DATE	PAYMENT	RECEIPT NO.	BALANCE

TERM 3.

TERM 4.

DATE	PAYMENT	RECEIPT NO.	BALANCE		DATE	PAYMENT	RECEIPT NO.	BALANCE