

**BURWOOD Neighbourhood House Completed Date:**

 **PLAYGROUP ENROLMENT 2021 Term 1**

**FIRST NAME**: ………………………………… LAST NAME:…………………………………..

ADDRESS:..................................................... 🕿 **TEL:**(Home)......................................

![MCj04397980000[1]]()

....................................POST CODE:.............. **TEL:** Work **……………… M**ob ……………..

**Email** Address: ……………………………………. FACEBOOK: Yes / NO

Child’s Name:……………………………….Age:…………………Date of Birth:……../……../………. Child’s Name:……………………………….Age:…………………Date of Birth:……../……../……….

Child’s Name:……………………………….Age:…………………Date of Birth:……../……../……….

Child’s Name:……………………………….Age:…………………Date of Birth:……../……../……….

**How did you hear about the house? Please tick*✓***

Child Maternal Health Centre: which one: The Leader **Melb E Wkly;**

Burwood Bulletin; Our Brochure; BNH Web site,

Friend/ Neighbour Other…………………………………..

* ***The following personal information is required for RISK MANAGEMENT only:***



**Medical –** Is there is medical condition that the staff needs to be aware of?

***Please tick✓***  Diabetes Allergies Asthmatic

**EMERGENCY CONTACT:** Other**………………………………..**

1.Name..……….….R/ship.........................🕿HOME**:…..………………...**Mobile:……….…………

**Ambulance Member:** YES / NO **\*** “IF an Ambulance is called, it will be - ***at your expense***.”

 *The above information is read and correct* **Signature:**

**\*Privacy Policy:** All information is stored in locked files and is treated confidential. O. H & S requirement

**Demo Stats**

**AM Data**

**Att. Sheet**

**Office Use Only**

***\* Use red pen please***

**Group TIME DAY $**

 Annual HOUSE MEMBERSHIP (Incl. GST) $ 15.00

TOTAL $ \_\_\_\_\_\_ \_

**A/M/Ship No..……...... Rpt No.....….... Date..…. /…/20......**

**Term 1………… ...Term2………..Term3…………..Term4……………..**

 **\*Write receipt No. in the term allocation**