

Enrolment Form: **Rydalmere PS Supported Playgroup 2020** Client Number-----

First name	
Surname	
Partner First and Last Name	
Address	
Home / Mobile Number	
WhatsApp Number	
Email	
Country of Birth	
Aboriginal/Torres Strait Islander	Yes      No
Date of First Arrival in Australia	
Residency Status Migration Visa Category	P/R      Citizen Other .....
Languages spoken at home other than English	
Date of birth (Parent)	
Marital Status	
Occupation	
Do you currently work?	F/T    P/T    Casual    Don't work
Do you receive Centrelink Benefits?	Yes      No
Relationship to the child	Parent    Grandparent    Carer    Friend

### Children Attending Supported play group

First Name	Childs Surname	Date of Birth	Gender	Details of Allergies/ Health condition

## Children over 5 Years (School Age)

First Name	Child Surname	Date of Birth	Gender	School Attending

## Emergency Contact:

First Name	Last name	Mobile Number	Relationship

### ***Release of Personal Information Consent***

I \_\_\_\_\_, of (address)

\_\_\_\_\_

Hereby authorise Community Migrant Resource Centre / Rydalmere PS consent to use of my attendance statistics in reports and funding submissions. I understand that I can withdraw my consent for the release of this information by notifying Community MRC / Rydalmere PS in writing.

### ***Media / Photo Consent***

I give permission for mine and my child's photographs/videos to be taken during groups. I grant permission to Community MRC / Rydalmere PS to use photos/videos in the development of promotional material related to Community MRC / Rydalmere PS. I understand that there is no payment to me for them.

### ***Declaration***

I, a person with lawful authority of the child/ren referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to immediately inform Community MRC / Rydalmere PS in the event of any change to this information.

***I have read and accept the Release of Personal Information and Media/Photo clauses.***

Print Name \_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_ / \_\_\_\_ / 2020