



## Playgroup Registration Form

The below details are collected for health and safety purposes and enables the school to send updates and reminders regarding BSS Playgroup. Separate forms need to be completed for children from different families attending with one carer (eg. Family Daycare group).

### **Playgroup Carer:**

***(Adult attending Playgroup with child/ren – this must be the person signing this form)***

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor/GP Clinic in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Anaphylaxis, Allergies &/or food intolerances:

*(If you have any of the above, please state causes and treatment below, in the case of an emergency, this information may be provided to emergency/medical persons)*

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian 1:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian 2:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Child 1:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female / Not Specified

Doctor/GP Clinic in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Anaphylaxis, Allergies &/or food intolerances:

*(If the child has any of the above, please state causes and treatment below, in the case of an emergency, this information may be provided to emergency/medical persons)*

\_\_\_\_\_  
\_\_\_\_\_

**Child 2:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female / Not Specified

Doctor/GP Clinic in case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Anaphylaxis, Allergies &/or food intolerances:

*(If the child has any of the above, please state causes and treatment below, in the case of an emergency, this information may be provided to emergency/medical persons)*

\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contacts if Parent/Guardian 1 & 2 are not available:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please choose:

I am already receiving the Birali Newsletter

I do not wish to receive the Birali Newsletter

I would like to start receiving the Birali Newsletter

By completing and signing this form I understand and acknowledge when attending Birali Steiner School Playgroup, my child/ren are under my supervision and responsibility; Birali Steiner School does not provide supervision for children at Playgroup including toilet breaks (and as such I must take them with me to the toilet); and BSS will contact me via sms or email.

I agree to make payment of \$10/family/session to be paid in cash or electronic funds transfer (EFT) at the beginning of each session. **EFT details:** Account Name: Birali Steiner BSB: 084 004 Account #: 3027 14893 Ref: PG Family Name

**Playgroup Carer Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_