

Playgroup Registration Form

Moreton Bay Birali Steiner School Association Inc. T/A Birali Steiner School ABN 33 417 843 047 PO Box 137 Beachmere, QLD 4510 P: 07 5429 0511

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 mus | First Name: Email: | |
| Surname: | | |
| | | |
| Doctor/GP Clinic in case of Emergency: | Phone: | |
| Anaphylaxis, Allergies &/or food intolerances: | | |
| | atment below, in the case of an emergency, this information may be | |
| provided to emergency/medical persons) | | |
| | | |
| Parent/Guardian 1: Surname: | First Name: _ Email: | |
| Phone: | _ Email: | |
| Parent/Guardian 2: Surname: | First Name: | |
| Phone: | First Name: _ Email: | |
| | | |
| | 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 to provided to emergency/medical persons) | reatment below, in the case of an emergency, this information may be | |
| Child 2: Surname: | First Name: Gender: Male / Female / Not Specified | |
| | Phone: | |
| Anaphylaxis, Allergies &/or food intolerances: | | |
| (If the child has any of the above, please state causes and to provided to emergency/medical persons) | reatment below, in the case of an emergency, this information may be | |
| Emergency Contacts if Parent/Guardian 1 & 2 are no | t available: | |
| Full Name: | | |
| Full Name: | Phone: | |
| Please choose: | | |
| O I am already receiving the Birali Newsletter | O I do not wish to receive the Birali Newsletter | |
| O I would like to start receiving the Birali Newsletter | • Tub not wante receive the biran newsletter | |
| | owledge when attending Birali Steiner School Playgroup, my child/ren school does not provide supervision for children at Playgroup including toilet); and BSS will contact me via sms or email. | |
| I agree to make payment to Birali Steiner School for Plays Registration Policy. | group sessions I am registered for in accordance with the Playgroup | |

Playgroup Carer Name: _____

Date: ___

_Signature:__