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playgroup

# Information Form

*(Office Use Only)*

***CBC ID No. \_\_\_\_\_\_\_\_\_\_***

***Group \_\_\_\_\_\_\_\_\_\_***

***Day \_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of Parent/s:**  **or Guardian** |  | | | |
| **Home address:** | Postcode: | | | |
| **Contact Numbers:** | Home: Parent’s Mobile: Mother  Father | | | |
| **Email address:** |  | | | |
| **First name of child:** | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **Date of Birth:**  *(each child)* |  |  |  |  |
| **Preferred Playgroup Day: (please circle)** | Monday - Red Tuesday - Red Wednesday – Red Thursday - Red  Monday – Blue Tuesday - Blue Wednesday - Blue Thursday - Blue | | | |

# Permission / Indemnity Section

### Please read the following points carefully

* I understand that I will be expected to take my turn to help and be included on the rosters which will be sent to me at the beginning of each new school term.
* I understand that to secure my place in Playgroup I will pay the fee of $50 in the first week of the term.
* I understand that all reasonable safety precautions will be taken at all times and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.
* I consent/ I do not consent **(circle one)** to the use of any photographs or video footage that may be taken to be used as publicity for CBC and Baptist Union Of NSW
* I understand that I am responsible for my own child whilst at Playgroup.

Parent / Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_