



Reynard Street  
Neighbourhood House

# REYNARD STREET NEIGHBOURHOOD HOUSE - PLAYGROUP ENROLMENT FORM

Day of Playgroup \_\_\_\_\_ Semester, Year \_\_\_\_\_

## PARENT OR CARER CONTACT DETAILS

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

## CHILD'S DETAILS

Surname \_\_\_\_\_

Given Names \_\_\_\_\_ DOB \_\_\_\_\_

## LANGUAGE AND CULTURAL BACKGROUND

In which country were you born?  Australia  Other \_\_\_\_\_

Do you speak a language other than English at home?

No, English only  Yes – please specify \_\_\_\_\_

## MARKETING

How did you find out about this course?

Would you like to receive our e-newsletters and updates about RSNH programs and projects?  Yes  No

## STAFF USE ONLY

Semester

Amount paid

Payment method

Receipt number

## MEDICAL

Does your child have any allergies or medical conditions that we should be aware of? \_\_\_\_\_

### Privacy Notice

Reynard Street Neighbourhood House (RSNH) is required by State and Commonwealth funding departments to gather the personal information above for reporting and statistical purposes. All information is subject to the Information Privacy Principles Privacy Act 1988. All information provided will be stored securely to maintain your privacy and confidentiality. All records are destroyed by shredding when the date for storage expires. Your personal information is not given to any person without your prior consent. To access or update your records contact the ACFE Coordinator on 9386 7128.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photographic Images, Video Images, Writing and Quotations

I give my consent and approval for the use of my/my child's photographic images, video images, writing and quotations, by RSNH for promotional activities. I also confirm that no payment or benefit will be sought by me for the use of any of the above by RSNH. I understand that I retain the right to withdraw my consent at any time prior to the publication of photographic images, video images, writing and quotations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOUSE MEMBERSHIP

I, \_\_\_\_\_ wish to join or renew membership to RSNH, up to 30 April, 20\_\_\_\_. I agree to uphold the aims and objectives of RSNH, and abide by the constitution and rules of the association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_