



**Parent's Full Name:** \_\_\_\_\_  
**Parent's Date of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_  
**Postal Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Are you happy for us to use your phone and email as a contact – e.g. newsletters, events? YES / NO  
 Do you want Playgroup WA to send you: Paper mail? YES / NO Email: YES / NO

**Details of Children in your family attending playgroup:**

Full Name:	Date of Birth:	Male / Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Details of other Parent/Guardian/Carers that may bring your children to playgroup:**  
 (Name/relationship/contact details)

**Do any attending family members have any medical conditions that we need to know about and if so, what can we do to make your playgroup sessions safe and accessible?**

**PLAYGROUP WA SURVEY:** (This information is required by Playgroup WA for Commonwealth Funding Purposes)

Do any attending family members come from a cultural or linguistically diverse background? YES / NO  
 Do any attending family members have a disability? YES / NO  
 Do any of the attending members come from Aboriginal or Torres Strait Islander Background? YES / NO

**PAYMENT DETAILS** (See overleaf for more information about payment options)

<b>Naturaliste Family Playgroup Fees:</b> Choose payment options below			
Option 1: Pay Annually \$160		Option 2: Pay per term \$45	
<b>Annual 'Playgroup WA' Membership (Includes Insurance)</b> Tick payment options below			
I need a Membership: \$35 (\$15 concession card holders)		I already have a current membership.	Member no: _____
<b>Total payment amount via bank transfer:</b>			\$ _____

**Please pay via Bank Transfer:** (use first and last name as reference)  
**Account Name:** Naturaliste Family Playgroup **BSB:** 633 000 **ACC:** 1510 46927