

# PAREA PLAYGROUP REGISTRATION FORM 2021



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

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Will there be anyone else bringing your child/ren to playgroup?

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Will there be other family members attending playgroup from time to time?

\_\_\_\_\_

How did you hear about PAREA Playgroup? \_\_\_\_\_

Are you willing to provide an activity/read story or volunteer at Playgroup from time to time?

YES NO MAYBE

Are you willing to have your name, address and contact details distributed amongst the playgroup members?

YES NO

Are you willing to have your child photographed/video/recorded for social media purposes?

YES NO (GOC facebook/web site/ newsletters etc)

PAREA PLAYGROUP 2 Vulture Street, West End Ph 32491000

[Contacts – Tina 0414311528 Dr Eleni 0424163411 eleni.athinodorou@gocstgeorge.com.au](mailto:eleni.athinodorou@gocstgeorge.com.au)

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Does your child have any food allergies Yes No

If yes please list here \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## Parent/Guardian General Permission:

I/We the parent/guardian of the above-named child/children give permission for my child to participate in indoor and outdoor physical activities by the Cypriot Community Playgroup. I also give my permission to the program aides to provide snacks and drinks during this time (for children without allergies).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Disclaimer Statement:

I/We the parent/guardian of the above-named child/children understand that I/We are solely responsible for any injuries/accidents that may occur during my child's attendance at the Cypriot Community Playgroup events. I/We understand that by signing this form, we do hereby waive, release, absolve, indemnify and agree to hold harmless the Cypriot Community Playgroup volunteers regarding any activity for any claims arising out of any injury to my child whether the result of negligence or for any other cause.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_