



Please complete this enrolment form and return to Centre Programs Officer as soon as possible

Parent/Guardian's Name			
Street Address			
SUBURB		POST CODE	
Contact number			
Date of Birth (optional)			
Place of Birth (optional)			
Email Address			
Facebook name that appears on account			
Is it ok for us to contact and keep you updated via Email / Facebook?			
Name of child/children attending playgroup	Date of Birth	Medical conditions / allergies	
1.			
2.			
3.			
4.			
Is your child/children up to date with his/her immunisations?			
Emergency contact:			
Name of other family members who may occasionally attend			
Name, Address and Telephone number of family Doctor (in case of emergency)			
Parents / Guardians Signature:		Date:	
How did you hear about our playgroup:			

PLAYGROUP SESSION – Please select

Warnbro Playgroup	<input type="checkbox"/> TUESDAY	9:30am - 11:30am
Mindful Moko Playgroup	<input type="checkbox"/> WEDNESDAY	9:30am - 11:30am

Cost of the Playgroup

\$27 for one Child for a 10 visit Loyalty Card

\$36 for Multiple Children for 10 visit Loyalty Card

Casual rates are available, but Loyalty Cards are our preferred method.

Payment Details

<p>Bank Transfer Details - ANZ BANK Account Name: Warnbro Community and Family Centre BSN: 016-375 - ACC: 4781-75096. Please use reference '<u>your name</u>' on the application form for the EFT payment Payment is per Term in advance if you unable to pay in advance please speak with the Centre Programs Officer to arrange payments. Cash or Card payments can also be made at the Centre via our Programs Officer.</p>
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Photograph Permission I _____ give permission for Warnbro Community and Family Centre Incorporated to take photographs of MY ABOVE-MENTIONED CHILDREN. Which may be used for promotional purposes **ONLY**.

The photographs may be displayed at shopping centres, the newspaper, or at community events within Australia or posted on the Warnbro Community and Family Centre/Warnbro Playgroup website or Facebook page.

Signed _____ Date ____/____/____

Electronic Payment Authorisation Credit/Debit Card

Cardholder Name				
Card Number				
Expiration Month		Expiration Year		CVC
Signature to Authorise			Date to be Processed	

COST – Please Select your Loyalty Punch Card

\$27 for a 10 visit Loyalty Card	\$36 for 10 visit Loyalty Card
<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

FEES PAID	Term 1	Term 2	Term 3	Term 4
Amount	\$	\$	\$	\$
Method				
Date				

Entered into Database Entered onto website Entered into Accounts Checked off on payment sheet

NOTES: _____

Payment taken by: _____ /____/____

All information is strictly confidential and will not be passed onto third parties. As such, the information contained will only be used or referred to when there is a need to inform you about playgroup information.

THANK YOU FROM WARNBRO COMMUNITY AND FAMILY CENTRE, Programs Officer

Contact us on 08 9593 3027 / Email: admin@warnbrocfc.com.au

Or Visit us online to process electronically @ www.warnbrocfc.com.au