

Guyahyn Playgroup Enrolment Form



FAMILY REGISTRATION AND ENROLMENT FORM

Responsibility for children attending Guyahyn Playgroup:

I understand that I am responsible for my child at all times while at Guyahyn Playgroup. If I am sending my child to the group with another adult I understand that they will be responsible for my children while at the group.

Guyahyn Playgroup is a family based activity involving parent participation. I understand that it is not a childcare program and children are not to attend without a parent or assigned guardian.

Signed: _____

Date: _____

*Given Name: _____

*Family Name: _____

*D.O.B: __/__/__ or estimated age if DOB unknown __ years

* Do you identify as Aboriginal or Torres Strait Islander?

No

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Address: _____

*Gender: Male Female

Intersex / indeterminate

Not stated/inadequately described

*State: _____

*Residential Postcode: _____

Has your child attended a childcare/preschool centre before?

Do you have any unmet needs?

*What is your main language spoken at home?

English

Other: _____

Parent/Carer 1: _____

Parent/Carer 2: _____

Child's name: _____ DOB: __/__/__

Child's name: _____ DOB: __/__/__

Child's name: _____ DOB: __/__/__

Child's name: _____ DOB: __/__/__

Child's name: _____ DOB: __/__/__

Are your children Aboriginal or Torres Strait Islander? Yes No

Do your children have any allergies/special needs? (Please list)

If you require transport assistance to attend Group, please provide your address and contact details below:

Address: -----

Phone number: ----- **Email:** -----

***Do you identify as having one or more of the following impairments, conditions or disabilities?**

Intellectual Learning Sensory / Speech Mental Wellbeing Physical / diverse None Inadequately described

Does your child have any special interests/activities that they enjoy/ that we could incorporate into the playgroup program?

We love to involve parents and family with Guyahyn activities!

Do you have any skills you would like to share with the group? (ie. Cooking, reading a story, sharing a cultural song, language or game, doing a craft activity)

We often take photos to record our program and the learning experiences – do you give permission for Guyahyn Educators to take photos of your self/your children for our daily reflection journal?

WE also share photos of the activities our families enjoyed on the Guyahyn Facebook page. The page is a closed group and used to share information with the group participants. Do you give permission for Guyahyn to share photos of yourself/your children on the Guyahyn Facebook page?

CLIENT CONSENT

Use of client information:

The information that you provide on this form includes your personal information. Your personal information is protected by law, including the Privacy Act 1988. Your personal information collected on this form is used primarily for the Guyahyn project to evaluate outcomes and participation in the program.

As part of the services provided to you by the Guyahyn Project – Murwillumbah Communities for Children, we need to collect some information about you to assist the Australian Government Department of Social Services to conduct performance reporting and research relating to the services that you receive from this organisation. To assist this process, Murwillumbah Communities for Children, will enter your personal information onto the DSS Data Exchange web-based portal which is administered by the Department of Social Services. The Department of Social Services will not use your personal information in an identifiable form when conducting its research and evaluation, except where you have agreed or it is required by law.

You can find more information about the way the Department of Social Services will manage your personal information, including information about accessing and correcting personal information held on the DSS Data Exchange and making privacy complaints at the DSS website. For information about how Murwillumbah Communities for Children, manages your personal information, please contact Lara Bennett on 0431951162

Do you consent to be contacted by the Project Coordinator in the future for surveys, research or evaluation exercises?

YES

NO

I understand how the information I have provided on this form will be used:
I have read and agree to the code of conduct:

Client Signature: _____

Date: __/__/__

