

# Complimentary Membership Application



Thank you for joining Playgroup Queensland. Family members will receive a Membership Card within 14 days from collection of the Complimentary Application Form. For further information or support call Playgroup Queensland on 1800 171 882.

## PLAYGROUP DETAILS

Playgroup/s Name: Nobby State School Playgroup Session Day: \_\_\_\_\_

## PARENT/CARER/VOLUNTEER (PLEASE USE A X)

Parent /  Carer /  Volunteer /  Family /  Professional

Volunteers - If you attend Playgroup without a child, do you have a Blue Card? Yes  No  Blue Card number: \_\_\_\_\_  
*If yes, please contact Playgroup Queensland to obtain necessary paperwork for Blue Card verification process.*

New Member: Yes  \_\_\_\_\_ No  Membership No (if rejoining): \_\_\_\_\_

Your Relationship to child/children: \_\_\_\_\_ Other Playgroup attendees:  Mother  Father  Grandparent  Other

Mr  Ms  Mrs  Other:

Full Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Home Language: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Identify as Aboriginal/Torres Strait Islander  Culturally Diverse  Health Issue / Disability

How did you hear about us: (tick all that apply)  Playgroup Member  Website  Advertisement  Other \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Their relationship to child/children: (tick all that apply)  Parent  Grandparent  Foster Parent/Carer  Other \_\_\_\_\_

## CHILDREN ATTENDING PLAYGROUP

Child's Full Name	Date of Birth	Gender	Health Issues/ Allergies / Disabilities	Identify as Aboriginal/Torres Strait Is.	Culturally Diverse
1. _____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/>	<input type="checkbox"/>

Personal information collected on this form will be used by Playgroup Qld as it relates directly to the programs and services we provide to you and if required by law. Your personal information will be handled in accordance with the Privacy Act 1988 (Cth), Australian Privacy Principles. Our Privacy Policy is available at [www.playgroupqld.com.au](http://www.playgroupqld.com.au) For information about our Privacy Policy please contact us by email [info@playgroupqld.com.au](mailto:info@playgroupqld.com.au) or telephone 1800 171 882.

I acknowledge that I have been provided with sufficient information to understand how my information may be used.

Parent/Care Giver Signature: \_\_\_\_\_

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

Playgroup Primary/Financial Contact: \_\_\_\_\_

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

### OFFICE USE ONLY:

Amount Received/Reconciled: \$ \_\_\_\_\_

Funding Code: 5705 Expiry date: 31/12/15

Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CRM: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method of payment:  Cash  Money Order  Credit Card  Cheque

