## Trinity Tots Family Registration

1 8		
Birthday (The playgroup would like to c	celebrate with you)	
Language spoken at home		
Address		
Telephone	(Home)	
Email		
Name of carer (if the adult regularly at	tending playgroup	is not the parent)
Birthday (The playgroup would like to c	celebrate with you)	
Relationship to child(ren) Grandparent	/ Aunt / Uncle / Fa	mily Day Carer / Friend (Circle one)
Address		
	(Home)	
Telephone	, ,	(Mobile)
Telephone	, ,	(Mobile)
Telephone	, ,	(Mobile)
Telephone		Relevant medical information eg allergies
Telephone Email  Name of child attending playgroup		Relevant medical information eg allergies
Telephone Email  Name of child attending playgroup  1.		Relevant medical information eg allergies
Telephone  Email  Name of child attending playgroup  1. 2.		Relevant medical information eg allergies
Telephone Email  Name of child attending playgroup  1. 2. 3. 4.	Date of Birth	Relevant medical information eg allergies
Name of child attending playgroup  1.  2.  3.  4.  Please discuss any special concerns or a coordinator at the time of registration.	Date of Birth  action plan to be for	Relevant medical information eg allergies special requirements

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Please complete Page 2 ...

## Permission for photographs and video

Photographs or video may from time to time be taken of playgroup members as they participate in playgroup activities. We will always inform you before taking photographs and video, and will respect any request to not include you or your child on any particular day. We will always ask permission before using images of you or your child to promote the playgroup, and will never add information that identifies the individuals in the photographs or videos used for promotion of the playgroup. We will always ask permission before publishing

images of you or you	r child on a public website or other internet media.	
	photographs or video of the above named family members who recarer) to be taken for use in Playgroup activities, as a record or to prefixe	
I reserve my right to a sign a statement to the	request that I or my child not be photographed or filmed on any parta at effect at the time.	icular day, and I wil
Signed	Date	
	Privacy statement	
be used for other purp to see this information	ected on this form is solely for the purpose of administering the Platoses or shared with other groups or organisations without your perm or any other documents that are used by the Playgroup to record y about you or your immediate family, and you have the right to contain the property of the purpose of administering the Playgroup and your perm or any other documents that are used by the Playgroup to record your about you or your immediate family, and you have the right to contain the purpose of administering the Playgroup and your perm or any other documents.	nission. You may ask your personal details
	T.	
family, payable at	Fees Registration Fee of \$20 payable with this form and a weethe start of each weekly session. Speak to a playgroup leader if for financial reasons.	f you need to make
(For admin use on	ly)	
Date	Payment for	Amount
	V	
		l

Starting date