

## Permissions

I \_\_\_\_\_ being the

Parent/guardian of \_\_\_\_\_

\_\_\_\_\_, do hereby agree that if any of my family is involved in an emergency situation, to authorise the Group Leader to seek medical treatment by a medical practitioner, hospital or ambulance service and that I will be responsible for any medical or ambulance costs arising from such an action

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

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

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

I give permission for my child(ren) to be photographed for Heathmont Baptist Playgroup promotional material and for use on the Facebook page. I understand that these photographs will only be used for this purpose and not commercial gain.

Yes / No

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

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

## 2018 Fees

### Rainbow Room

Single \$60 (Concession \$50) per term\*  
\$200 Annual Rate\*\*

Family (with 2 or more children aged 1yr+)  
\$70 (Concession \$60) per term\*  
\$230 Annual Rate\*\*

\*Term payments due by the third week of term.

\*\*Annual payments must be made by 24th February 2018

*See your Playgroup leader for payment details or email [leap.treasurer@gmail.com](mailto:leap.treasurer@gmail.com)*

### Playgroup Contact Details

If you have any questions, leave a message at the Church Office on 9738 0455, or email

[LEAP.earlychildhoodcentre@gmail.com](mailto:LEAP.earlychildhoodcentre@gmail.com)

Join us on Facebook! Search for LEAP playgroups or type in [@HeathmontBaptistPlaygroups](https://www.facebook.com/HeathmontBaptistPlaygroups)



A caring, engaging and safe community, connecting parents and children with each other and the love, grace and acceptance of Jesus.



Heathmont Baptist Church  
0-3 Year Old Playgroup  
&  
0-5 Year Old Playgroup

## 2018 Enrolment Form

### Please enter preferences 1-3

- Monday Rainbow Room  
0-5 Year Old  
9:30 – 11:30am
- Tuesday Rainbow Room  
0-3 Year Old  
9:30am – 11:30am
- Thursday Rainbow Room  
0-5 Year Old  
9:30am – 11:30am

## Enrolment form for 2018

Parent(s) name: \_\_\_\_\_  
\_\_\_\_\_

Who will be bringing the child: \_\_\_\_\_  
\_\_\_\_\_

Have you attended a LEAP Playgroup or  
LEAP Mainly Music previously?  
Yes / No

In what year: \_\_\_\_\_ Term: \_\_\_\_\_

Please list all children who will attend the  
programs (please also include if you are  
pregnant and when the baby is due)

| Childs name<br>(First, Surname) | date of<br>birth | Male/female |
|---------------------------------|------------------|-------------|
|                                 |                  |             |
|                                 |                  |             |
|                                 |                  |             |
|                                 |                  |             |

Language(s) spoken at home:  
\_\_\_\_\_

## Contact Details

Home phone: \_\_\_\_\_

Mobile no: \_\_\_\_\_

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

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

*From time to time we have special  
events at playgroup and the church.  
Would you like to receive emails  
regarding these events? Yes / No*

## Emergency Contact

Person to be contacted in case of any  
accident, injury, trauma or illness  
involving the child or parent attending

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

Phone no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Medical Details

Please list any allergies, other relevant  
medical conditions or dietary restrictions  
that we need to be aware of for each  
child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family Doctor

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

Phone: \_\_\_\_\_

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

### Ambulance membership no

\_\_\_\_\_

### Health Care Card/Concession ref:

\_\_\_\_\_

exp: \_\_\_\_/\_\_\_\_ start date: \_\_\_\_/\_\_\_\_

*Don't forget to fill out the back side of  
this form. PTO* 