

Margaret River Playgroup Inc

Margaret River Community Resource Centre, Cnr Tunbridge and Farrelly Streets

POST PO Box 1150, Margaret River WA 6285

EMAIL margaretriver.playgroup@gmail.com



2022 ENROLMENT FORM

We look forward to you coming along to meet, play & Learn and make some memories!

FAMILY DETAILS

Parent/Guardian's Surname: _____ First Name: _____

Home Address: _____

Postal Address: _____

Email: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

CHILDREN'S DETAILS

Name: _____ D.O.B: ___/___/___ M / F Allergies: _____

Name: _____ D.O.B: ___/___/___ M / F Allergies: _____

Name: _____ D.O.B: ___/___/___ M / F Allergies: _____

EMERGENCY CONTACT DETAILS (for insurance purposes)

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Where did you hear about Margaret River Playgroup? _____

DIVERSITY

This information is required by Playgroup WA for Commonwealth Funding purposes.

Do any attending family members come from a cultural or linguistically diverse background? Yes / No

Do any attending family members have a disability? Yes / No

Do any of the attending family members come from Aboriginal or Torres Strait Islander backgrounds? Yes / No

PHOTOS

We like to take photos at Playgroup to share with our members who didn't make the session, and to let the general community know what fun things we have been getting up to! We understand people's circumstances don't always allow this type of sharing, please let us know your families position on this:

Do you approve of yourself and / or your children being photographed whilst attending Margaret River Playgroup Yes / No

Do you approve of photos including yourself and / or your children being uploaded to the playgroups open access Instagram and Facebook accounts? Yes / No

FEES 2022 - Please select as appropriate

	OPTION 1 Margaret River Playgroup Fee	OPTION 2 Attending more than one playgroup PGWA Member number: _____	OPTION 3 Health Care Card Discounted insurance
ANNUAL PAYMENT** PAYMENT (JAN - DEC) DUE 31 / 01 / 2022	<input type="checkbox"/> \$150 Including Insurance	<input type="checkbox"/> \$115 minus insurance (Insurance paid elsewhere)	<input type="checkbox"/> \$135 including Insurance HCC Number: _____
HALF YEARLY PAYMENT** PAYMENT 1 (JAN - JUN) DUE 30 / 06 / 2022	<input type="checkbox"/> \$100 including Insurance	<input type="checkbox"/> \$65 minus insurance	<input type="checkbox"/> \$85 including Insurance
QUARTELY PAYMENT PAYMENT 2 (APR— JUN)	<input type="checkbox"/> \$80 including insurance	<input type="checkbox"/> \$45 minus insurance	<input type="checkbox"/> \$65 (inc insurance for new member)

* Please note, for insurance reasons, if fees remain unpaid after your 3rd session, you will not be able to attend Playgroup until your fees have been paid.

** Payment plans are available on yearly and half yearly memberships only, please speak to our President, to arrange a payment plan (conditions apply). Playgroup WA membership is required in full on enrolment for insurance purposes.

*** Committee members receive HALF PRICE FEES for yearly and half yearly payment. (Please ask a member of the committee for terms & conditions)

Please pay via EFT		Receipt Number: _____
EFT Instructions/Details:.	Account Name: Margaret River Playgroup BSB Number: 036 127 Account Number: 134 713 Please place parent/guardian name in description	
Parent/Guardian's signature _____	Date: _____	

FUNDRAISING

As a self funded Not-For-Profit organisation, we rely on membership fees and fundraising activities to cover our annual over-heads. While the Committee organises and attends Fundraising activities, we also require members to assist us to share the load.

This involves volunteering time or items for the main fundraising efforts of open days, cake bakes & sausage sizzles.

There may also be other events during the year that we need help with and we will be requesting members volunteer their time at at least one event during the year as required.

I hereby agree to support the objectives of the Margaret River Playgroup, and assist with MRPG fundraising activities.

Parent/Guardian's signature _____ Date _____