

PLAY STEPS MEMBERSHIP FORM



YOUR PLAYGROUP QUEENSLAND MEMBERSHIP FEE IS COVERED BY THE PLAY STEPS PROGRAM.

POWERED BY PLAY

PLAYGROUP DETAILS

Playgroup name _____ Session day _____ Start time _____

PARENT / CAREGIVER

New member: Yes No Membership no. (if rejoining) _____

Your relationship to child/ren _____

Mr Mrs Ms Other Full name _____ Are you known by another name Y / N

Postal address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Mobile _____

Date of Birth ____ / ____ / ____ Is this birth date an estimate? Y N Email _____

Language spoken at home _____ Country of Birth _____

Identify as (tick all that apply) Aboriginal Torres Strait Islander Pacific Islander Other _____

Disability (tick all that apply) No disability Psychiatric Sensory/speech Physical/diverse Intellectual/learning

Why do you want to join Playgroup Queensland? _____

Emergency contact full name _____ Telephone _____

Their relationship to child/ren (tick all that apply) Parent Grandparent Foster parent/carer Other _____

CHILDREN ATTENDING PLAYGROUP

Child 1 full name _____ Child known by another name/alias Yes No

Country of Birth _____ Date of birth ____ / ____ / ____ Is birth date an estimate? Yes No

Gender: Male Female Intersex/indeterminate

Disability (tick all that apply) No disability Psychiatric Sensory/speech Physical/diverse Intellectual/learning

Identify as (tick all that apply) Aboriginal Torres Strait Islander Pacific Islander Other _____

Child 2 full name _____ Child known by another name/alias Yes No

Country of Birth _____ Date of birth ____ / ____ / ____ Is birth date an estimate? Yes No

Gender: Male Female Intersex/indeterminate

Disability (tick all that apply) No disability Psychiatric Sensory/speech Physical/diverse Intellectual/learning

Identify as (tick all that apply) Aboriginal Torres Strait Islander Pacific Islander Other _____

Child 3 full name _____ Child known by another name/alias Yes No

Country of Birth _____ Date of birth ____ / ____ / ____ Is birth date an estimate? Yes No

Gender: Male Female Intersex/indeterminate

Disability (tick all that apply) No disability Psychiatric Sensory/speech Physical/diverse Intellectual/learning

Identify as (tick all that apply) Aboriginal Torres Strait Islander Pacific Islander Other _____

Consent for future contact and to participate in research and evaluation

Consent to provide details to government departments

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

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 it is 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 playgroupqld.com.au. For information about our Privacy Policy please contact us by email info@playgroupqld.com.au or telephone 1800 171 882.

Parent/caregiver signature: _____ Date: ____ / ____ / ____ Expiry Date: ____ / ____ / ____

A copy of your membership card and PGQ login details will be emailed to you.

Note for Facilitators: Please scan and email this completed form to membership@playgroupqld.com.au