

# Prospect & Enfield Kindergym Inc. Registration Form

Date: / /201

Please print clearly and complete form in full



Session Day & Time: Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_

## CHILD/REN'S DETAILS

Member number (Office use only)

1. Surname _____	Given Name(s) _____	# _____
Date of Birth _____	Female/Male _____	
2. Surname _____	Given Name(s) _____	# _____
Date of Birth _____	Female/Male _____	
3. Surname _____	Given Name(s) _____	# _____
Date of Birth _____	Female/Male _____	

## ENROLLING PARENTS OR CAREGIVER DETAILS (MEMBER)

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_  
Preferred Phone Number \_\_\_\_\_ Mobile number \_\_\_\_\_  
Email Address\* \_\_\_\_\_

\*Used for Kindergym communication only, please print clearly

Occupation (optional) \_\_\_\_\_

**Payment Method** Cash / Electronic Funds Transfer Full term / Half term *Please note that fees are due prior to attending your third session*

How did you hear about us? \_\_\_\_\_

Can we contact you about assisting the Volunteer Management Committee with activities from time to time? Yes / No

Would you be interested in joining our Volunteer Management Committee? Yes / No

## IS THERE ANY MEDICAL/OTHER RELEVANT INFORMATION WE NEED TO BE AWARE OF?

\_\_\_\_\_

**Do you give permission for your child/ren's photos to be used in publications, including the Kindergym website and Facebook, for information and promotional purposes?** Yes / No

## The below questions are on a voluntary basis and are collected for information purposes only.

Are you or your child of Aboriginal and/or Torres Strait Islander origin? Yes / No

Are you or your child a new immigrant or refugee? Yes / No

Do you or your child have a disability? Yes / No

What language do you speak at home? \_\_\_\_\_

## Declaration

*This club has adopted Gymnastics SA's privacy policy, a copy of which can be obtained if you ring (08) 8294 8288, or www.gymsa.com.au. We collect your child's personal details in order to maintain a register of members. We release some of this information to Gymnastics SA & Gymnastics Australia for the purpose of registration and Insurance. By signing this form you are consenting to this release. Other information is held at the club so that we can ensure appropriate responses in an emergency and this information is not released. If you have any questions about our privacy policy, please contact the Club, or call Gymnastics SA on (08) 8294 8288.*

*I agree to bring to the leader's attention any relevant medical information about my child/ren and also agree to supervise my child/ren at all times whilst at Kindergym.*

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

## Office Use Only

Come and Try  Continuing

Date entered into database: \_\_\_\_\_

Returning member

Signed: \_\_\_\_\_