



Application for Enrolment

Playgroup 2024

Inc No. A0025613E

61 Thames Boulevard
Werribee VIC 3030

Telephone: 03 9742 5040

Fax: 03 9731 2699

Website: www.qbcc.org.au

Please SIGN and return this form to the Administration Office at Quantin Binnah Community Centre.

Application Date:

CHILDS DETAILS 1

FIRST NAME	
FAMILY NAME	
DATE OF BIRTH	
GENDER (please circle)	MALE FEMALE

CHILDS DETAILS 2

FIRST NAME	
FAMILY NAME	
DATE OF BIRTH	
GENDER (please circle)	MALE FEMALE

CHILDS DETAILS 3

FIRST NAME	
FAMILY NAME	
DATE OF BIRTH	
GENDER (please circle)	MALE FEMALE

To be completed and signed by parent/guardian with lawful authority

RELATIONSHIP TO CHILD		
FAMILY NAME		
FIRST NAME		
PARENT DATE OF BIRTH		
ADDRESS (STREET)		
ADDRESS (SUBURB)		
POSTCODE		
EMAIL ADDRESS		
HOME PHONE		
MOBILE		
WORK PHONE		
LANGUAGE/S SPOKEN AT HOME		
Does your family use any of the Quantin Binnah service areas listed: (please circle)		
Childcare Playgroup Little Kinda Kindergarten Out of School Hours Care		
ARE YOU FROM ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? (please circle)	YES	NO
DOES YOUR CHILD HAVE A DIAGNOSED DISABILITY OR "ADDITIONAL NEEDS"? (please circle)	YES	NO
IF YES, PLEASE INDICATE THE DISABILITY OR ADDITIONAL NEEDS:		
IF YES, PLEASE PROVIDE DETAILS OF SPECIALIST AGENCIES INVOLVED WITH YOUR CHILD AND FAMILY		
NAME OF SPECIALIST	PHONE NO:	

PRIVACY NOTIFICATION

The personal and health information being collected on this form is being collected by Quantin Binnah for planning current Kindergarten services. The information will be used solely by Quantin Binnah. The information shall remain private and confidential within Quantin Binnah and will only be disclosed to other persons or agencies as consented by the enrolling parent or the authorised parent/guardian. The applicant understands that the personal and health information provided is for the placement of children in our Kindergarten service.






CONSENT BY PARENT OR GUARDIAN

I	of
(parent or guardian)	(child's name)
CONSENT TO THE PERSONAL AND HEALTH INFORMATION COLLECTED ON THIS FORM.	
PARENT/GUARDIAN SIGNATURE	<input checked="" type="checkbox"/> DATE
(NB: THIS FORM MUST BE SIGNED BY A PARENT/GUARDIAN BEFORE THE APPLICATION FOR ENROLMENT WILL BE ACCEPTED.)	

Playgroup Session Time

PLAYGROUP SESSION FOR 2024

Thursday 10:00am to 12:00pm

-  **Parents should only nominate group that they are prepared to accept.**
-  Quantin Binnah cannot guarantee your first preference.
-  No payment is required at this stage. On acceptance of a placement, Term 1 fees of **\$65** will be due
-  A once off non-refundable administration fee of **\$30** will be required if you are new to playgroup.
-  Once your Playgroup Application has been processed Quantin Binnah will email you the online enrolment.