

REGISTRATION FORM

| *Child/Child | ren attendir | ng Sandri | ngham Pla | ygroup | | |
|--------------------------------|-----------------|-------------|-----------------|--------------|-------------------|--------------------------------------|
| Sur | name Firs | | t name | Gender | Date of Birth | Ethnicity (up to 3 iwi affiliations) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| * The Ministry o | f Education red | uires us to | collect this in | formation | l | |
| Parent / Care | er Details | | | | | |
| Full name of | parent or ca | irer | | | | |
| Relationship to child/children | | | | | | |
| Email address | | | | | | |
| Contact address | | | | | | |
| Phone number | | | | | | |
| | | | | | | |
| Emergency C | ontact | | T | | | |
| Name & relationship | | | | | | |
| Phone numbers | | Daytime: | | | Mobile: | |
| *Sossion Enr | almant (pla | aco indic | ato the day | rs vou would | like to be enrol | lad to attend) |
| | 1 | | ate the day | rs you would | like to be enifor | ied to attend) |
| Monday 9.30-12 | Yes / No | Yes / No | | | | |
| Wednesday 9.30-12 | Yes / No |) | | | | |
| Friday | Yes / No |) | | | | |

9.30-12

^{*} The session enrolment information is required by the Ministry of Education. Sandringham Playgroup does not mind which days you attend.

| Responsibilities | | | | | | |
|---|--|--|--|--|--|--|
| Playgroup operates on the principle of many hands make light work. All members must assist with setting up or tidying up if they are present. In addition, members take on occasional responsibilities (with training). Tasks are broadly explained in the information form for new members and existing members can answer your further queries about the responsibilities. Please indicate which tasks you are interested in. | | | | | | |
| Unlocking / opening or locking / closing Playgroup on occasion. | | | | | | |
| Buying tea, coffee and biscuits (reimbursed). | | | | | | |
| Organising craft activities | | | | | | |
| Organising special events at Playgroup and excursions | | | | | | |
| Oversight of worm farm and small garden bed | | | | | | |
| Librarian | | | | | | |
| Joining the committee (meets on the first Monday of each month at 7.30pm) | | | | | | |
| Treasurer | | | | | | |
| Secretary | | | | | | |
| Auckland Council liaison | | | | | | |
| | | | | | | |
| How did you hear about Sandringham Playgroup? | | | | | | |
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| | | | | | | |
| Privacy Statement: The purpose of collecting this information is to enable Sandringham Playgroup to have a register of enrolments, run effectively, communicate with its members and receive funding from the Ministry of Education. The information provided will only be used by Sandringham Playgroup and the Ministry of Education. | | | | | | |
| Declaration: | | | | | | |
| I have read and understood the Sandringham Playgroup information form for new members. I understand that all children must be accompanied and supervised by an authorised adult whilst at | | | | | | |

- Sandringham Playgroup.
- I agree to:
 - Participate in and adhere to the Sandringham Playgroup procedures and behaviour policy as outlined in the information form.
 - Sign the session register-every time I attend.

| Date: | |
|------------|--|
| | |
| Signature: | |