



Playgroup Affiliation Form 2017

Office Use Only: Date Received: __ / __ / __ Certificate Issued: __ / __ / __
 Database Entered: __ / __ / __ Member No: PGT201 _____

PLAYGROUP DETAILS:

Playgroup Name			
Venue Address:			
Venue Phone:			
Session Times:	Monday	Tuesday	
Session Costs: \$	Wednesday	Thursday	
	Friday	Sat/Sun	
Numbers Attending:	Families:		
	Children:		

MAIN CONTACT PERSON FOR CORRESPONDENCE AND PLAYGROUP ENQUIRIES

Full Name:	
Contact Phone:	
Contact Email:	
Mailing Address:	

OFFICE BEARERS/ORGANISERS (must be completed in full)

President: Phone Number: Email:	Name: Address:
Secretary: Phone Number: Email:	Name: Address:
Treasurer: Phone Number: Email:	Name: Address:

Payment Method: Cash Cheque Credit

Credit Card No _____ / _____ / _____ / _____ Exp Date __ / __

Cardholders Name _____

Membership	\$30.00
Total	\$

To enable us to advise potential members about your playgroup, please complete the following for each session that you offer:

- Does your playgroup have a facilitator? Yes/No
 - Does your playgroup have a special focus?
(eg: music, drama, other language) Yes/No

 - Does your playgroup offer structured play/craft activities? Yes/No
 - Does your playgroup meet during school holidays? Yes/No
 - Does your playgroup have an allocated safe place for babies Yes/No
 - Does your playgroup have an outdoor area? Yes/No
 - Does your playgroup offer excursions? Yes/No
 - Does your playgroup have an age limit
If yes stage age _____ Yes/No
 - Does your playgroup eat a shared morning tea/snack time? Yes/No
 - Does your playgroup promote healthy eating and drinks? (eg, fruit,water) Yes/No
 - Does your playgroup have a nut free environment? Yes/No
 - Does your playgroup cater for children with special needs? Yes/No
If yes, give details

- Wheelchair access? Yes/No

In a few words, how would you describe your playgroup to a potential new member?

Please email your completed form to admin@playgrouptas.org.au or post to:

NORTHERN REGION:
PO BOX 799
Launceston TAS 7250