

Play Baby Family Membership Application 2019

This information is required for reporting purposes by the Australian Government. Only anonymous, de-identified information reported. Your personal information will be kept confidential.

Sections marked with a * are mandatory



Family details

Member number (if known): _____

* Full Name: _____ * Birthdate: _____ * Gender: _____

* Address: _____ * Suburb/town: _____ Postcode: _____

Phone(home): _____ * Mobile: _____ * Email: _____

* Country of Birth _____ * Primary language: _____ * Relationship to Child: _____

* Identify as Aboriginal or Torres Strait Islander **If yes** please circle Aboriginal/Torres Strait Islander/Both Aboriginal and Torres Strait Islander

Concession card number: _____ Sighted by: _____

* How did you hear about PlayBaby? (Please circle) Child Health Nurse Bounty Bag Playgroup Social Media Other _____

Playgroup-aged child details:

1. * Full Name: _____ * Birthdate: _____ * Gender: _____

* Country of Birth _____ Primary language: _____

* Identify as Aboriginal or Torres Strait Islander **If yes** please circle Aboriginal/Torres Strait Islander/Both Aboriginal and Torres Strait Islander

* Identify as having a disability **If yes** please circle: Learning/Psychiatric/Sensory/Physical/Other

Relevant Medical information: _____

2. * Full Name: _____ * Birthdate: _____ * Gender: _____

* Country of Birth _____ Primary language: _____

* Identify as Aboriginal or Torres Strait Islander **If yes** please circle Aboriginal/Torres Strait Islander/Both Aboriginal and Torres Strait Islander

* Identify as having a disability **If yes** please circle: Learning/Psychiatric/Sensory/Physical/Other

Relevant Medical information: _____

3. * Full Name: _____ * Birthdate: _____ * Gender: _____

* Country of Birth _____ Primary language: _____

* Identify as Aboriginal or Torres Strait Islander **If yes** please circle Aboriginal/Torres Strait Islander/Both Aboriginal and Torres Strait Islander

* Identify as having a disability **If yes** please circle: Learning/Psychiatric/Sensory/Physical/Other

Relevant Medical information: _____

Communication from Playgroup Tasmania:

Tick the box if you **do not** give permission for: Email communication Direct mail Details to be provided to ABC Baby Card

Playgroup details

Playgroup name: _____

Suburb: _____ Day: _____ Time: _____

PlayBaby membership terms and conditions

- PlayBaby membership is a free 12-month membership for families with a child 12 months and under.
- Your membership covers all members of your family not just the child under one.
- Each Playgroup charge a small fee to cover venue hire and resources. This is generally between \$2 and \$5.
- If your child is under 12 months when your membership is due for renewal you are eligible for the free PlayBaby Membership.

RETURN THIS FORM: PO Box 799, Launceston, 7250, Tasmania

Member privacy
Playgroup Tasmania takes the utmost care with your personal information. We will only use your information to establish your membership account, advise designated contact people at your playgroup of your membership status or communicate with members.