

2018 Playgroup Details Form

(All participants are individual family members of Playgroup Victoria)

Need help? Call toll free 1800 171 882



Playgroup information

Member number (if known): _____ I am renewing my Playgroup membership

Playgroup name: _____

Playgroup website: _____ Playgroup Facebook page: _____

Playgroup venue

Venue name: _____

Address: _____

Suburb/town: _____ Postcode: _____

Municipality: _____

Venue type (please tick):

Aged care facility Church hall Maternal and child health centre Hall/centre Kindergarten
 School Private home Neighbourhood house Other (please specify): _____

Primary contact – can access playgroup information online

Member number (if known): _____ **OR**

Name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

Secondary contact – can access playgroup information online

Member number (if known): _____ (if same as primary contact write 'as above') **OR**

Name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

'Find a playgroup' enrolments (web) contact – can access playgroup information online

Member number (if known): _____ (if same as primary contact write 'as above') **OR**

Web contact name: _____ Gender: _____

Surname: _____

Phone (home): _____ Mobile: _____

Email: _____

Address: _____

Suburb/town: _____ Postcode: _____

2018 Playgroup Details Form *(continued)*

'Find a playgroup' information for publication Playgroup Victoria's website

Playgroup name: *As indicated under 'Playgroup information'*

Playgroup address: *As indicated under 'Playgroup venue'*

Playgroup contact: *'Find a playgroup' contact, first name only*

Phone: *'Find a playgroup' contact, home/mobile*

When your playgroup meets:

Day: _____ Time: (i.e. 9:00am or 9:30am) _____

Session duration: 60 minutes 90 minutes 120 minutes Other (please specify): _____

Session frequency: Weekly Fortnightly Other (please specify): _____

Session information:

Private (not accepting new members)

Category (please tick):

- | | | | | |
|------------------------------------|--|---------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Baby | <input type="checkbox"/> Culturally specific | <input type="checkbox"/> Disability | <input type="checkbox"/> Indigenous | <input type="checkbox"/> Roster |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Dads | <input type="checkbox"/> Grandparents | <input type="checkbox"/> Montessori | <input type="checkbox"/> Steiner |

Weekly attendance fee: _____

Session type: Community Supported

Play leader: Yes No

Vacancy: Yes No

New session: Yes No

Does your playgroup require insurance? (please tick): Yes No

Playgroup 50 word description:

RETURN THIS FORM

Post: Reply Paid 69584, Brunswick, Victoria 3056 (*no stamp required*)

Fax: 03 9380 6733

Email: membership@playgroup.org.au