



Membership Form

Name of carer attending:	
Relationship to child/children:	
Contact number:	

Name of child	Date of birth	M/F

Parent's name:	
Home address:	
Telephone number/s:	
Email address:	

Please use the section below to tell us about any special needs that your child might have and you would like us to be aware of, eg allergies or a medical or developmental issue.

Special Needs:
Allergies or health issues:

We aim to provide a safe environment for the children who attend Cubbyhouse. When you and your child are at Cubbyhouse we ask:

- that shoes remain on except for in the sandpit.
- that nappies are changed in the bathroom. There is a change table provided for your convenience.
- that nuts or nut products are not brought to Cubbyhouse.
- that you use a lid on your mug when drinking hot tea or coffee

I give permission for photos to be taken of my child to be used for the purpose of promoting Cubbyhouse and for craft activities. **Yes** **No**

I give permission for video footage to be taken of my child engaged in Cubbyhouse activities for the purpose of promoting the playgroup. **Yes** **No**

Signed: _____ Date: _____

Privacy
This information will
be treated
confidentially.