



OAKGROVE COMMUNITY CENTRE MEMBERSHIP APPLICATION FORM 2021

Title: Mr Mrs Ms

First Name: Family Name:

Residential Address:
.....

Telephone: (H) (M)..... (W).....

Email:
.....

Membership Fee:	\$6.00 per annum (Period: Calendar Year commencing 1 January)
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Total Fee Payable:	\$6.00
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Signature: Date:

PRIVACY Oakgrove Community Centre acknowledges and respects the privacy of individuals. The information that is being collected is for the purpose of providing you with information about Oakgrove Community Centre programs, membership and enrolments. We will communicate with you via SMS, newsletters, email, telephone or other means about programs operated by Oakgrove Community Centre.

A copy of the Oakgrove Community Centre Privacy document is available upon request.

OAKGROVE EARLY CHILDHOOD SERVICES MISCELLANEOUS FORMS



CHILD DETAILS

First Name: Family Name:

Date of Birth:/...../..... Male Female

CONSENT FORM TO CONDUCT HEAD LICE INSPECTION FORM

AUTHORISATION

I, (print full name):
 hereby give my consent for the above named child to have their head checked for head lice by the staff. I understand that that a head check will only occur if the staff is of the belief that a child has head lice by displaying behaviour that may indicate so. A head check may occur at any time throughout my child’s time at Oakgrove Early Childhood Services.

Signature: Date:

FACE PAINTING

AUTHORISATION

I, (print full name):
 hereby give permission for my child to partake in Face Painting, Authorisation to use any photograph taken is as per Photographic Permission Slip.

Rosa, one of the Centre’s educators, is a professional face painter and throughout the year each child has the opportunity to partake in face painting.

Face Painting. Permission to partake in face painting.	DO (Tick as applicable) <input type="checkbox"/> DO NOT (Tick as applicable) <input type="checkbox"/>
Face Painting. Permission to upload any photos taken of your child’s face painting to Rosa’s Dazzling Faces Facebook page.	DO (Tick as applicable) <input type="checkbox"/> DO NOT (Tick as applicable) <input type="checkbox"/>

Signature: Date:



PHOTOGRAPHIC PERMISSION SLIP

AUTHORISATION

I, (print full name):

.....hereby give permission for myself or my child's photograph to be taken and used in promotional material for the Oakgrove Community Centre which includes:

Early Childhood Services observations and activity plan and child's end of year booklet.	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>
Early Childhood Services Photo Week.	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>
Oakgrove Community Centre Newsletters	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>
Oakgrove Community Centre Facebook	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>
Oakgrove Community Centre Web site	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>
Local Newspapers, Brochures or Special Displays	DO (Tick as applicable) <input type="checkbox"/>
	DO NOT (Tick as applicable) <input type="checkbox"/>

Signature: Date: