



Register of Interest for Family Programs

I wish to register my interest in attending the following programs

Family Playgroup

Move and Groove

Backyard Rangers

Parent Name	Child's Name	Child's Age	Child's Date of Birth
		Birth - 6 months <input type="checkbox"/> <input type="checkbox"/> 6-12 <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-3 Years <input type="checkbox"/> 3-6 years	
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Address			
Home Telephone			
Work Telephone			
Mobile Phone			
Email			
Signature			
Date			
How did you hear about the program?			

Please return to:

Louise McCormick- Community Coordinator

Email: louise.mccormick@ed.act.edu.au

Mail: Isabella Plains Early Childhood School, 130 Ellerston Avenue, Isabella Plains ACT 2905

For more information contact Louise McCormick on 6142 3777



The following permissions apply for my child:

First Name _____ Surname: _____

	<i>Yes, I give permission</i>	<i>No, I do not give permission</i>
➤ Photograph on Facebook	<input type="checkbox"/>	<input type="checkbox"/>
➤ Access the school computer network	<input type="checkbox"/>	<input type="checkbox"/>
➤ Attendance at Media events	<input type="checkbox"/>	<input type="checkbox"/>
➤ Publish work on the school website and Facebook	<input type="checkbox"/>	<input type="checkbox"/>
➤ Release information for school photos	<input type="checkbox"/>	<input type="checkbox"/>
➤ Photograph / video student by Education Directorate	<input type="checkbox"/>	<input type="checkbox"/>
➤ Photograph / video student by Media	<input type="checkbox"/>	<input type="checkbox"/>
➤ Publish first name in newsletter/website/Facebook	<input type="checkbox"/>	<input type="checkbox"/>
➤ Publish full name in media	<input type="checkbox"/>	<input type="checkbox"/>

I understand that photographs taken by the school and the Directorate may be stored and used of promotional purposes from time to time.

I understand that these permissions apply for the entire period my child attends Isabella Plains Early Childhood School and that I can change my preferences at any time by filling in a new copy of this form.

Signed: _____ Full Name: _____

Relationship to child: _____ Date: _____