



ooranga family mobile resource unit assoc inc

Please tick your preference for fee charging:

**Yearly Fee** \$80 invoiced from office. Includes \$20 membership, attend unlimited playgroups plus toy library membership.

**Casual Fee** \$5.00 per playgroup session paid by cash on the day or invoiced end of term from office +\$20 membership (invoiced start of year) Note: If children attend an Ooranga pre-school membership fee invoiced once only.

# MEMBERSHIP FORM .....PLAYGROUP

## YEAR .....

I \_\_\_\_\_  
(Full name of applicant)

of \_\_\_\_\_  
(applicant's address)

Hereby apply to become a member of the above-named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Children

DOB

\_\_\_\_\_  
\_\_\_\_\_

- Are you of Aboriginal or Torres Strait Islander decent? YES/NO
- Do you hold a Health Care Card? YES/NO
- Are you of a culturally and linguistically diverse background? YES/NO

### **PUBLICITY AGREEMENT**

I hereby give consent for my child/ren to be photographed for publicity for Ooranga, should this be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE FILL IN YOUR CHILD'S IMMUNISATION DETAILS ON THE BACK OF THIS FORM**

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Office Use Only:  MYOB Invoice No: ..... \$..... Date emailed: ...../...../.....

\$80 for playgroup family only or \$60 for pre-school + playgroup family.  
(p-sch + p.g families \$20 yearly Ooranga membership invoiced via p-sch).

## PLAYGROUP IMMUNISATION STATUS

<b>YEAR:</b>	<b>CHILD'S NAME:</b>
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**PARENT'S NAME:**

**PLAYGROUP:**

Immunisation details for all children attending Ooranga's playgroup sessions are required.  
Please tick the appropriate box to indicate your child's immunisation status.

Date	Immunisation	Tick Box
6 weeks	Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Pneumococcal, Rotavirus Meningococcal B (Aboriginal children)	
4 months	Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Pneumococcal, Rotavirus Meningococcal B (Aboriginal children)	
6 months	Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio	
12 months	Meningococcal ACWY, Pneumococcal Measles, Mumps, Rubella Meningococcal B (Aboriginal children)	
18 months	Diphtheria, Tetanus, Pertussis Measles, Mumps, Rubella, Varicella Haemophilus influenza type b	
4 years	Diphtheria, Tetanus, Pertussis, Polio	