



Active Movement for Early Learning

New Participant Register

Region:

Community Library Name:

Term: (please circle) 1 2 3 4

Year:

Date dd/mm/yy	Child's Name (first/ last) <u>0 - 2 year olds only</u>	Tick Child's Age Range *Leave blank if doesn't apply	Number of <u>3 - 5 year old</u> children with you today	List child(s) ethnicity(s) starting with the one you most strongly identify with	Your relationship to child(ren)	Suburb you live in	How did you hear about the programme?
		<input type="checkbox"/> 0 – 1years <input type="checkbox"/> 1 – 2 years					
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Thank you for your support!