



PO Box 1729,  
59 Power Crescent,  
Port Augusta, SA 5700  
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P: 08 8642 4477

## RICE Membership 2022

**PARENT/GUARDIAN SURNAME**

**FIRST NAME**

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**CHILD/REN SURNAME**

**FIRST NAME**

**DOB**..... M F

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**DOB**..... M F

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**DOB**..... M F

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**DOB**..... M F

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**STATION/TOWN** .....

**POSTAL ADDRESS** .....

**POST CODE** .....

**PHONE** ..... **MOBILE** .....

**OTHER CONTACTS** .....

e.g. schoolroom

**EMAIL ADDRESS** .....

**RESOURCE CENTRE**

As a borrower of the RICE Resource Centre, I understand that the organization is not liable for any injury occurring to any children using these toys while they are loaned to you.  
Use of the Resource Centre, also includes the Parent Resource Library.

Signature: ..... Date: ...../...../.....

**PRESCHOOL (KINDERGARTEN) PROGRAM**

Our Early Childhood Teacher provides a preschool program which includes educational experiences for children at home, during teacher visits and at playdays.

**PLAYDAYS**

Would you be interested in attending a playday in your area? **Yes/No**  
Would you be interested in hosting a playday day? **Yes/No**

**WELLBEING**

Our Wellbeing Officer can provide support and connections to other services.  
Please indicate if you would be interested in our we **Yes/No**

**OUTBACK CHILDCARE**

**\* Currently unavailable, please register your interest\*** **Yes/No**

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Any further comments and/or feedback?

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Print name: ..... Signature: .....

Date: ...../...../.....



**Invoice will be forwarded upon receipt of completed membership form**  
**To be eligible for Creche, families are required to be financial RICE members**  
**RICE Membership is invoiced annually**  
**Creche fees are invoiced fortnightly**

**All fees are required to be paid within 14 days in accordance with the RICE payment of fees policy**