



<b>Miscellaneous:</b>
Other children living at home (name & ages - optional)
Can you contribute any skills to our centre's program or have time to volunteer. e.g. sewing, typing, maintenance etc?
Other comments:

<b>Siblings attending another centre:</b>		
First name:	First name:	First name:
Last name (if different):	Last name (if different):	Last name (if different):
Are you claiming CCB for this child?	Are you claiming CCB for this child?	Are you claiming CCB for this child?

<b>Emergency Contacts:</b> (do not include parent/s name/s)		
I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.		
<b>1. Emergency contact</b>	<b>2. Emergency contact</b>	<b>3. Emergency contact</b>
First name:	First name:	First name:
Last name:	Last name:	Last name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:
Note: The staff will not allow your child/ren to go with adults unless names are written on this form.		

Date:	Signed:	Witness:
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**Authority to collect:** (do not include parent/s name/s)

I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

1. Collect/Pickup/Contact	2. Collect/Pickup/Contact	3. Collect/Pickup/Contact
First name:	First name:	First name:
Last name:	Last name:	Last name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work Ph:	Work Ph:	Work Ph:
Relation to child:	Relation to child:	Relation to child:

Note: The staff will not allow your child/ren to go with adults unless names are written on this form.

**Agreement:**

Fees must be paid on due date and always be 7 weeks in advance.

Date:	Signed:	Witness:
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