

Last Minute Childcare: Personal Details

Child's Details

Family Name: _____ Given Name: _____

D.O.B _____ Male/Female

Address: _____ C.R.N _____

Additional Child's Details

Family Name: _____ Given Name: _____

D.O.B _____ Male/Female

Address: _____ C.R.N _____

Parent/Guardians Details

Parent/Guardian 1

Name: _____

Address: _____

Postcode: _____

D.O.B _____ CRN: _____

CCB estimate: _____ %

Telephone: Home _____

Work _____

Mobile _____

Parent/Guardian 2

Name: _____

Address: _____

Postcode: _____

D.O.B _____ CRN: _____

CCB estimate: _____ %

Telephone: Home _____

Work _____

Mobile _____

(Attach a copy of a current letter from Centrelink showing your CCB estimate)

Child Care Benefit

If possible and at the centres discretion, I request my CCB payment to be:

1. Kept in credit at the centre
2. Refunded into my nominated bank account using the details below

Bank Details *(Please ensure details are correct as these will be used to transfer CCB refunds after the full fee has been paid) Note: details may be used for Ezi-debit or direct debiting of funds.*

Account name: _____

Account number: _____

BSB: _____

Custodial Considerations

Do both parents have custody of the child?

Yes No Other (Please specify)

Is there a parenting order/plan? No Yes (documentation must be attached)

Any other information required:

Director to sign when presented: _____

Collection Arrangements

Your child will not be released to anyone other than those listed below unless prior notification is received. Please provide the names of two other people other than those previously listed who may be available to collect your child. *(Must be 18 years or older and MUST have current ID)*

Name 1: _____

Name 2: _____

Address: _____

Address: _____

Telephone: Home _____

Telephone: Home _____

Work _____

Work _____

Mobile _____

Mobile _____

Relationship: _____

Relationship: _____

Emergency Contact if parent/guardian is unavailable

Name: _____

Address: _____

Telephone: Home _____ Work _____ Mobile _____

Relationship: _____

Medical Details

Doctors Name: _____ Medicare number: _____

Address: _____

Phone Number: _____

N.B. Please bring a copy of your child's immunisation record

Does your child have any medical conditions/allergies? No/Yes

(If Yes - Please provide details)

Does your child have any dietary needs, special needs or disabilities? No/Yes

(If Yes - Please provide details)

Medication, Sunscreen and Insect Repellent

Do you give consent for qualified/competent staff too:

1. Administer liquid pain relief for ailments such as high fevers or teething gel for severe teething pain. Yes/No
2. Apply sunscreen whilst at the centre. Yes/No
3. Apply insect repellent if required. Yes/No

I give consent for staff to administer first aid and contact emergency services (nearest doctors, ambulance etc) on my behalf in the event of an emergency. Yes/No

A letter from a doctor may be required before any medication is given. Contact the centre for advice

Signature of parent/guardian: _____

Additional Information

Please provide any additional information that you wish to notify the centre about e.g. sleeping habits, likes/dislikes, cultural considerations, funny words and meanings etc.

Acknowledgement

Parent/Guardian's Name: _____

Signature: _____

Director/Assistant director signature: _____

Date: _____