

Please tick appropriate box

PLEASE COMPLETE FORM USING BLOCK LETTER OR CLEAR WRITING

Centre Name:

Days of attendance: Before School Care Mon Tues Wed Thur Fri
 After School Care Mon Tues Wed Thur Fri

Start date: / /

CHILD'S INFORMATION

Given name Family names

Former / other names Gender Date of birth / /

CRN Place of birth

Residential address Postcode

Cultural background Home language spoken

Is your child Aboriginal Torres Strait Islander both Language Group

PARENT / GUARDIAN 1 INFORMATION

Given name Family names

Relationship to child Date of birth (requirement of CCB) / /

CRN Country of birth.....

Residential address Postcode

Home phone Mob Work

Email

Occupation Place of employment or study.....

Home languages spoken Aboriginal Torres Strait Islander Both

County

Concession / Health Care card holder? No Yes Preferred contact method Home Phone Mobile Email
 Work Phone

PARENT / GUARDIAN 2 INFORMATION

Given name Family names

Relationship to child Date of birth (requirement of CCB) / /

CRN Country of birth.....

Residential address Postcode

Home phone Mob Work

Email

Occupation Place of employment or study.....

Home languages spoken Aboriginal Torres Strait Islander Both

County

Concession / Health Care card holder? No Yes Preferred contact method Home Phone Mobile Email
 Work Phone

THIRD PARTY BILLING DETAILS (NOMINATED THIRD PARTY TO PAY FEES)

Third party fees are charged at full fees

Name on invoice

Address Postcode

Email

Phone..... Contact person

I consent for child care fees to be paid by a nominated third party and understand I am liable for any unpaid fees not paid by the third party.

FEES AND COMMUNICATION

How would you like to receive your invoice? Emailed Hard Copy

How would you like to pay your fees? Direct Deposit Direct Debit Centre Pay

How would you like to receive your communication? Email Hard Copy

AUTHORISATIONS

Consent for administration of First Aid, paracetamol and sunscreen.

I hereby give permission for staff to administer paracetamol to my child should they have a fever over 38 degrees Celsius and is in discomfort or pain and all other methods used to lower the temperature have failed. I understand that the staff will advise me if paracetamol is administered to my child and I will be required to collect my child immediately from the centre.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

I hereby give permission for staff to apply NSW Cancer Council approved SPF 30+ sunscreen to my child.

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Parent / Guardian signature Date Parent / Guardian signature Date

I hereby give permission for basic first aid supplies to be used in the event of first aid being required for my child.

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Parent / Guardian signature Date Parent / Guardian signature Date

Permission for staff to act in case of an emergency.

I authorise staff to seek emergency, medical, dental or hospital treatment for my child due to an accident or illness. This may include staff following the direction of medical personnel and / or transport by ambulance to the hospital. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents/guardians listed as those as alternative contact persons.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

Permission for publicity and display.

I consent to my child's photograph, video image and or artwork with my child's first name and age being used for publicity for Gowrie NSW. As well as in organisation publications, this information may also be included on the Gowrie website, social media, digital documentation and annual reports.

.....
Parent / Guardian signature Date Parent / Guardian signature Date

I give permission for my child's work, including photographs, observations and learning stories to be displayed in the centre. This may be in written or digital form.

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Parent / Guardian signature Date Parent / Guardian signature Date

If photographs are requested by the media, parental consent specific to each occasions will be sought.

PARENT AGREEMENT

I understand that Gowrie NSW policies and procedures are available in the centre I have read and understood the Gowrie NSW Family Handbook including the information relating to payment of fees.

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Parent / Guardian signature Date Parent / Guardian signature Date