

ELC Before and After Care Registration Form

Child

Surname: _____ First Name: _____

D.O.B: _____ Age: _____ Grade: _____

Child Lives With: Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Alternating

Family CRN No.: _____

Child's CRN No.: _____

Parent/Guardian 1

Surname: _____ First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Occupation: _____ D.O.B: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian 2

Surname: _____ First Name: _____

Address: _____

Suburb: _____ Postcode: _____

Occupation: _____ D.O.B: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

Does your child have any allergies? Yes No

Please list: _____

Day/s care is required:

Before School Care (from 7.30am until school starts)

I wish to book my child **permanently** on the following day/s commencing on ___/___/___

Monday Tuesday Wednesday Thursday Friday

After School Care (from school finish until 6.30pm)

I wish to book my child **permanently** on the following day/s commencing on ___/___/___

Monday Tuesday Wednesday Thursday Friday

Casual/Emergency Care (Please tick if you require casual care only)

*** Please note full fee will be charged for all permanent bookings unless cancelled prior to 8am on the day for BSC or 10am on the day of booking for ASC.**

Persons Authorised To Collect Children

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Numbers: _____

Persons Authorised To Collect Children

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Numbers: _____

Emergency Contacts (Maximum 30 minutes from the service)

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Custody DetailsAre there special access/custody arrangements? Yes No

If yes, please give details: _____

Other Information

Is there any other information we should know about your child? Likes, dislikes eg; favourite activities, cultural information, religion, food etc.

_____**The information contained on this form is confidential.****Yearly Permission for Child to Attend After Hours School Care Program**

I give permission for my child _____ to attend the After Hours Care program within the ELC. At 5.30pm, the After Hours Care program will continue in the Discovery House After School Care program contained within the school grounds. Both children and teachers will leave the perimeter of the ELC to access the Discovery House After School Care program. I understand that children from the Junior School will also be present.

Signature of Parent/Guardian Print Name Date