



LIWARA CATHOLIC OUTSIDE SCHOOL HOURS CARE RE- ENROLMENT FORM 2018 (PREVIOUSLY ENROLLED CHILD)

Child's Information

Surname: First Name:

Address:

Post Code:

Does your child have any allergies, medical or other conditions?: YES NO

If yes, please provide further information and a 2018 action plan:

.....

Does your child have any other additional needs (including dietary needs)?

.....

Parent/Guardian Information:

Parent/Guardian (Account Holder)	Parent/Guardian
Name:	Name:
Phone:	Phone:
Mob:	Mob:
Email:	Email:

Custody Arrangements:

Are there any court orders in place for your child? YES NO (attach documentation)

Please provide further details:

.....

Authorised and Emergency Contacts (other than parents)

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY and AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS TO BE CONTACTED IN CASE OF EMERGENCY and AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

PERSONS AUTHORISED TO COLLECT YOUR CHILD FROM THE CENTRE

PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:
PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:	PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Relationship to your child:	Relationship to your child:

Declaration

I hereby declare that all the information has been reviewed and updated and is accurate and I agree to abide by the conditions of enrolment at the centre as stated in the family handbook.

Signature of Parent/Guardian _____ Date: _____