

Change of Address/Contact Details

Child's details

Given Name _____ D.O.B. ____ / ____ / ____
Address _____ Postcode ____
Phone _____

Guardian

Guardian name _____
Address _____ Postcode ____
Suburb _____ Home tel _____ Mobile _____
Work tel _____

Emergency contacts

In the event of an emergency, illness or accident concerning my child and the teacher being unable to contact me or other persons authorised by me, I consent to the Centre seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance expenses as may be incurred.

Contact 1

Given name _____
Surname _____
Address _____
Suburb _____
Home tel _____
Mobile _____
Relationship to child _____

Contact 2

Given name _____
Surname _____
Address _____
Suburb _____
Home tel _____
Mobile _____
Relationship to child _____

Name _____

Signature _____ Date ____ / ____ / ____