



RESERVOIR PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE

REGISTRATION FORM

FAMILY NAME: _____

Name of Child	C.R.N.	Date of Birth	Year Level	Sex (M/F)

Parent/Guardian A:

CRN: _____

Name: _____

Date Of Birth: _____

Address: _____

Telephone (Home) _____

(Mobile) _____

Work Address: _____

Telephone: (Work) _____

Parent/Guardian B:

CRN: _____

Name: _____

Date of Birth: _____

Address: _____

Telephone (Home) _____

(Mobile) _____

Work Address: _____

Telephone: (Work) _____

Please mark the days your child will be attending the program:

<u>BEFORE SCHOOL CARE</u>	Permanent	Casual	<u>AFTER SCHOOL CARE</u>	Permanent	Casual
MONDAY			MONDAY		
TUESDAY			TUESDAY		
WEDNESDAY			WEDNESDAY		
THURSDAY			THURSDAY		
FRIDAY			FRIDAY		

Emergency Contacts:

1. Name: _____ Telephone: _____

Address: _____

Relationship: _____

2. Name: _____ Telephone: _____

Address: _____

Relationship: _____

Name and address of two people authorised to collect your child in case of absences of parent/guardian:

1. Name: _____ Telephone: _____

Address: _____

Relationship: _____

2. Name: _____ Telephone: _____

Address: _____

Relationship: _____

The following information is vital in case of an accident:

Doctor: _____ Telephone: _____

Address: _____

Blood Type: _____ Medicare No. _____

Do you have ambulance cover? _____ Membership No. _____

Language Spoken at home: _____

Does your child have any allergies?

Food		Animal		Drugs		Other	
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Details: _____

Does your child have any medical conditions?

Does your child have any special food requirements?

I _____ authorise the person in charge of the program to consent where it is impracticable to communicate with me, should the child / children as indicated on this form require any such medical or surgical treatment as they see fit to do so.

Signature of parent / guardian: _____

Date: _____

Is there anyone note authorised to collect your child from the program?

Name: _____

Are there custody issues? Yes / No

If Yes, please attach a copy of the court order.

Should any information on this form change throughout the year, it becomes the duty of the parent / guardian to inform staff / co-ordinator.