

Outside School Hours Care

CHANGE OF PARENT GUARDIAN DETAILS

	Child One	Child Two	Child Three
<i>Child's Full Name:</i>			
<i>Child's Date of Birth:</i>			
<i>Current Year Level</i>			

Parent/Guardian Details:

PERSONAL DETAILS:	PARENT/GUARDIAN (a) Residing with Child <small>(Parent Registered with Centrelink)</small>	PARENT/GUARDIAN (b) Residing with Child	PARENT (c) Not Residing with Child <small>(If applicable)</small>
<i>Title:</i>	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> M/s <input type="checkbox"/> Mr
<i>Surname:</i>			
<i>First Name/s:</i>			
<i>Date of Birth:</i>			
<i>Relationship to Child:</i>			
<i>Nationality/Cultural Background:</i>			
<i>Primary Language Spoken:</i>			
<i>Religion:</i>			
<i>Parent Customer Reference Number (CRN):</i>			

CONTACT DETAILS:	PARENT/GUARDIAN (a) Residing with Child <small>(Parent Registered with Centrelink)</small>	PARENT/GUARDIAN (b) Residing with Child	PARENT (c) Not Residing with Child <small>(If applicable)</small>	
<i>Home Address:</i>				
<i>Postal Address:</i>				
<i>Telephone Contact:</i>	<i>Home</i>		<i>Home</i>	
	<i>Mobile</i>	<i>Mobile</i>	<i>Mobile</i>	
	<i>Work</i>	<i>Work</i>	<i>Work</i>	
<i>Email:</i> <small>Would you like to receive service correspondence? How email, parent pockets or other.</small>	<input type="checkbox"/> Hard Copy <input type="checkbox"/> Email Email Address:		<input type="checkbox"/> Hard Copy <input type="checkbox"/> Email Email Address:	
<i>Occupation:</i>				
<i>Place of Work or Training Institution and address:</i>				

Please initial and date each page acknowledging information is true and correct.

<i>Initial:</i>	
<i>Date:</i>	



Care Arrangements:

CARE ARRANGEMENTS: Are there any written arrangements, any court order or people legally denied access to the child?

<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copy provided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copy provided	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Copy provided
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Comments:

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DECLARATION:

I have read, understood, and agree to abide by the conditions of services **enrolment and orientation** procedure. I certify that the information contained in this PARENT/GUARDIAN ALTERATION form is correct and agree to notify the person in charge of the Service of any change to any information contained therein.

Name of Parent/Guardian (a): PLEASE PRINT _____	Signature: _____	Date: / /
Name of Parent/Guardian (b): PLEASE PRINT _____	Signature: _____	Date: / /
Name of Director/ Authorised Manager: PLEASE PRINT _____	Signature: _____	Date: / /

