



**Miscellaneous:**

Other children living at home (name & ages - optional):

Can you contribute any skills to our centre's program or have time to volunteer, e.g. sewing, typing, maintenance etc?

Other comments:

**Siblings attending other centre:**

First name:	First name:	First name:
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Last name (if different):	Last name (if different):	Last name (if different):
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Are you claiming CCB for this child?	Are you claiming CCB for this child?	Are you claiming CCB for this child?
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**Emergency Contacts:** (do not include parents names)

I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these emergency contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

1. Emergency contact	2. Emergency contact	3. Emergency contact
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First name:	First name:	First name:
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Last name (if different):	Last name (if different):	Last name (if different):
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Address:	Address:	Address:
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Postcode:	Postcode:	Postcode:
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Home phone:	Home phone:	Home phone:
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Mobile:	Mobile:	Mobile:
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Work name:	Work name:	Work name:
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Address:	Address:	Address:
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Postcode:	Postcode:	Postcode:
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Work phone:	Work phone:	Work phone:
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Relationship to child:	Relationship to child:	Relationship to child:
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**Note: The staff will not allow your children to go with adults unless names are written on this form**

Date:	Signed:	Witness:
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**Authority to collect:** (do not include parents names)

I authorise the staff of this centre to give the following emergency contact names access to my child/ren: (Note: must be over 18 years). Please ensure these contact persons are willing and able to collect your child/ren in the event of an emergency. At least 2 contact names must be completed before enrolment commences.

1. Collect/Pickup/Contact	2. Collect/Pickup/Contact	3. Collect/Pickup/Contact
First name:	First name:	First name:
Last name (if different):	Last name (if different):	Last name (if different):
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Home phone:	Home phone:	Home phone:
Mobile:	Mobile:	Mobile:
Work name:	Work name:	Work name:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Work phone:	Work phone:	Work phone:
Relationship to child:	Relationship to child:	Relationship to child:

**Note: The staff will not allow your children to go with adults unless names are written on this form**

**Agreement:**

Fees must be paid on due date and always be 2 weeks in advance.

Date:	Signed:	Witness:
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Privacy Disclosure

In this section, 'personal information' means information about me, including about my financial circumstances, my credit worthiness, credit history, credit standing and conduct of my account with you. I agree that, subject to the Privacy Act, you and your agents may do the following and this agreement continues until such future outstanding amounts owed by me are repaid:

Obtain credit reports about me from credit reporting agencies to access this application or to collect overdue payments from me, and obtain personal information from a business that provides credit worthiness information.

Disclose personal information to credit reporting agencies before, during or providing the service account to me. This includes, but is not limited to:

The fact that I have applied for an account;

Advice about payments at least 60 days overdue and which are in collection (and advice that payments are no longer due);

Advice that cheque(s) drawn by me, or Direct Debit requests to my financial institution account which I have authorized you to make, which are more than \$100, have been dishonored more than once:

Your opinion that I do not intend to meet my account obligations or that I have committed some serious credit infringement;

That the amounts owed by me have been paid or discharged.

Exchange personal information with service providers in a credit report issued by credit reporting agency. This is for purposes including but not limited to:

Assessing credit worthiness;

Notifying other service providers of a default by me;

Exchanging information about my account where I am in default with other service providers;

Your administration of my account.

If I am in default under my account, notify and exchange personal information with collection agent.

Parent/Carer 1 Parent/Carer 2

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Date:	Signed:	Witness:
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