Caloundra Christian College – Early Learning Centre

Please complete this form and return it to us as soon as possible. This form provides us with essential details to ensure that we comply with legislative and administrative requirements.

Personal Details

Have your contact details changes since your enrolment at the Centre? Yes ◯ No ◯

If yes, please provide details:

Mobile Number: …… Address: ……..

Medical Details

Are there any changes to your child's health/medical management plan? Yes ◯ No ◯

If yes, please provide details:

……

……

Have you provided a copy of your child's latest Immunisation records? Yes ◯ No ◉

If no, please attach a copy.

Authorised Persons – Details Update

If there has been a change to the details of your child's Emergency contacts please list the details below.

Please ensure your emergency contacts are aware of their responsibilities in being listed as an emergency contact. By signing below the contacts are confirming their willingness to be an emergency contact and to present, when requested, appropriate photo ID when dropping off/collecting your child.

Authorised Person No 1

Name : …… Relationship to Child: ……..

Address: …… Mobile Number: ……

Drivers Licence No/ passport No: …….. Permission to sign in/out of Service: Yes ◯ No ◯

First Language: …… Permission to be contacted in an emergency and consent to medical treatment for your child: Yes ◯ No ◯

Signature of contact: …… **Date: ……**

Authorised Person No 2

Name : …… Relationship to Child: ……..

Address: …… Mobile Number: ……

Drivers Licence No/ passport No: …….. Permission to sign in/out of Service: Yes ◯ No ◯

First Language: …… Permission to be contacted in an emergency and consent to medical treatment for your child: Yes ◯ No ◯

Signature of contact: …… **Date: ……**

EXCURSIONS TO CALOUNDRA CHRISTIAN COLLEGE

Do you give permission for your child to be taken from the Early Learning Centre on an excursion to the College to access the available facilities during the year?

Yes ◯ No ◯

Child's Name: ……Date: ……

Parent/Guardian Name:…… Signature:……