



# St Mary's Catholic Primary School Community of Learners

Lindsay Street Darwin

## APPLICATION FOR CHILDREN ATTENDING

PARENTS/GUARDIANS INFORMATION					
	Full Name	Date of Birth	Daytime Phone	Mobile	CRN (Customer Reference Number with Centrelink)
<b>Mother</b>					
<b>Father</b>					
<b>Joint Carer</b>					
<b>Home Address</b>				<b>Home Phone</b>	
<b>Email</b>					
<b>Custody Details / Parenting orders or plans (of which to be aware)</b>					
<p>I give the following emergency contacts authorization to, either one, any or all of the following, if I cannot be contacted:</p> <ol style="list-style-type: none"> <li>1. Collect child</li> <li>2. Consent to medical treatment</li> <li>3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance</li> <li>4. Consent to seek transportation of the child by an ambulance service</li> <li>5. Authorize an educator to take the child out of the centre</li> </ol>					
<b>Emergency Contacts</b>					
<b>Full Name</b>	<b>Address</b>		<b>Mobile</b>	<b>Consent Given to: (Please circle)</b>	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
<b>Parent Name</b>				<b>Signature</b>	

CHILD'S INFORMATION	Family Name:		Child's Address:		
<b>Child's Name</b>	<b>Date of Birth</b>	<b>M/F</b>	<b>Class</b>		<b>CRN (Customer Reference Number with Centrelink)</b>

Any special cultural, religious or dietary considerations or special needs					
Cultural Background		Language used in child's home			
<b>Medical Information</b>					
I consent to commence First Aid or Medical Treatment (please circle)		Yes No	Signature:		
Doctor's Name		Clinic Name			
Address		Phone Number			
Child's Medicare Number					
Specific Health Care Needs or Conditions		Details of any allergies			
Has your child been diagnosed as at risk of anaphylaxis?		Details of any dietary restrictions			
Details of any Medical Management Plan					
Health Record Sighted Y/N		Immunization Status Up-to-Date Y/N			
<b>Required Days</b>					
Permanent - Monday to Friday		Please tick <input type="checkbox"/>			
Permanent Part Time (Please tick days and add times)	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	ELC Time:	ELC Time:	ELC Time:	ELC Time:	ELC Time:
Casual – Notice Required (Please tick days and add times)	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	ELC Time:	ELC Time:	ELC Time:	ELC Time:	ELC Time:

**It is essential for your child's safety that you notify if your child is to be absent. Please ring 8981 9288**

**Payment**

1. Hobdebit payments will be automatically deducted from accounts. Families may nominate savings, cheque or credit card accounts to make payments either weekly or fortnightly. If there is a change in your CCB or CCR the Hobdebit system will pick this up and deduct the appropriate amount.
2. Please note that the days you select are the days for which you will automatically be charged.
3. Any expenses, costs or disbursements incurred by St Mary's Catholic Primary School in recovering any outstanding monies, including debt collection agency fees and solicitors plus out of pocket expenses, shall be paid by the customer on demand.
4. Late fees – parents will be charged \$5 per minute for late pickups.

**Please maintain your account at least one week in advance.**

**Signature:**

**Print Name:**

**Date:**

**Signature:**

**Print Name:**

**Date:**