



ST MARY'S

COMMUNITY OF LEARNERS

APPLICATION FOR CHILDREN ATTENDING St Mary's Community of Learners

PARENTS/GUARDIANS INFORMATION								
	Full Name	Date of Birth	Day time phone number/ Mobile	CRN (Customer Reference Number with Centrelink)				
Parent 1/ Guardian 1 (Claiming CCS for Centre Link Purposes)								
Parent 2/ Guardian 2								
Home Address			Home Phone					
Email								
Custody Details / Parenting orders or plans (of which to be aware)								
<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"> 1. Collect child 2. Consent to medical treatment 3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance 4. Consent to seek transportation of the child by an ambulance service 5. Authorise an educator to take the child out of the centre 6. Authorise, if relevant, for regular transportation of the child by the service 								
Emergency Contacts								
Full Name	Address	Mobile	Consent Given to: (Please circle)					
			1	2	3	4	5	6
			1	2	3	4	5	6
			1	2	3	4	5	6
			1	2	3	4	5	6
			1	2	3	4	5	6
Parent Name			Signature					

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

Any special cultural, religious or dietary considerations or special needs			
Cultural Background		Language used in child's home	

Medical Information			
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	

Required Days					
Permanent - Monday to Friday		Please tick <input type="checkbox"/>			
Permanent Part Time (Please tick days and add times)	Monday	Tuesday	Wednesday	Thursday	Friday
	ELC Time:	ELC Time:	ELC Time:	ELC Time:	ELC Time:

Casual – Notice Required (Please tick days and add times)	Monday	Tuesday	Wednesday	Thursday	Friday
	ELC Time:	ELC Time:	ELC Time:	ELC Time:	ELC Time:

It is essential for your child's safety that you notify the Centre if your child is absent. Please ring 8981 9288 or email kirsten.tillyard@nt.catholic.edu.au

Payment

1. Hubdebit 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 Hubdebit 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.
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Signature:	Signature:
Print Name:	Print Name:
Date:	Date::

LEARNING IN FAITH AND LOVE

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Email admin.stmarys@nt.catholic.edu.au | Web stmarysnt.catholic.edu.au/early-learning-centre