

St Michael Little Scholars Form

Principles

It is the Registration Record form for all children attending St Michael's Little Scholars and it must be completed before any child can be accepted into the service.

Child's Full Name: _____

Date of Birth: _____ Sex: Male / Female: _____

Home Tel No: _____ Mobile No: _____

Religion: _____

Address: _____

Email Address: _____

Date Commencing: _____ Date Leaving: _____

Parent / Guardian:

Name: _____ Name: _____

Work Contact No: _____ Work Contact No: _____

Workplace Address: _____ Work Place Address: _____

Home Address if different from child: _____

Who does the child live with: _____

Nominated Emergency Contact person: _____

Are One or Both Parents nominated as emergency contact persons.? Please Circle

Yes

No

If no please Name eligible parent: _____

Other nominated emergency contact person/Persons:

Name: _____ Name: _____

Address: _____

Tel No: _____

People who can collect the child from the service:

Either parents:

Yes

No

If in the case only one parent can collect each child from the service, please state clearly
which parent: _____

People to collect child (other than the parent)

Name: _____ Name: _____

Address: _____ Address: _____

Tel No: _____ Tel No: _____

Please note only the person/s named will be permitted to collect the child. If only one or both parents are included as persons eligible to collect the child, this needs to be clearly stated.

Personal Details

Family Doctor: _____

Address: _____

_____ Tel No: _____

Does your child suffer from any medical conditions or additional needs?

If so please specify: _____

Does your child have any special Dietary Requirements?

Does your child suffer from any hearing and/or speech difficulties? If so please specify

Is your Child Allergic to face paint? Please circle

Yes

No

Does your child suffer from any allergies? If so please specify

Accident and/or Emergency Consent form

I/ We _____ Parent/
Guardian of _____ give my/our
Permission to the management of St Michael Little Scholars Community Childcare Ltd to
act as my behalf in case of emergency or accident and to take such action as may be
necessary for the benefit of my child.

This decision is to be taking by the person in charge at the time of emergency.

Parent/Guardian signature: _____

Supervisor/ Co Coordinator: _____

Permission to be photographed or video recorded while in the care of St Michaels Little Scholars Community Childcare Ltd Staff.

I/We hereby give permission for my/our child _____

To be photographed or video recorded, under the supervision of the co coordinator.

Signed: _____ (Parent)

Signed: _____ (Co Ordinator)

Date: _____

Permission for help with personal care/ toileting while in the care of the St Michaels Little Scholars Community Childcare Ltd Staff.

I hereby give permission for my/our child _____

To be helped with toileting/ personal care while attending St Michaels Little Scholars.

Signed: _____ (Parent)

Signed: _____ (Supervisor)

Date: _____

Permission for outings:

I/We hereby give my/our permission for _____

Childs name to partake in walks and other outings outside St Michaels Little Scholars

Grounds, on the understanding that the adult / child ratio as recommended by the

insurance company will be adhered to at all times.

Signed: _____ (Parent)

Signed: _____ (supervisor)

Date: _____