

Please fill in this form if any details relating to your child have changed.

Child's Details			
Children in care:	1) _		
	2) _		
	3) _		
Home Address:			

Family Details					
Mother's Name:					
Telephone: ()	(day)	()	(after hours)		
Alternate Contact Number:		<u>()</u>	()		
Father's Name:					
Telephone: ()	(day)	()	(after hours)		
Alternate Contact Number:		()	()		

Emergency Contacts				
Name & Relationship:				
Telephone: ()	(day) ()	(after hours)		
Medical Practice & Doctor: Telephone: ()	(day)			

Additional Information				
Does your child have any part	icular needs that we should be aware of (eg Medication, Allergies,			
Dietary requirements, Cultural	information,)? Is there anything else we should know in order to			
take good care of your child?				
Medication (and dosage):				
Allergies:				
Dietary requirement:				
Cultural information:				
Other:				

Custody and Protection Orders

If a Custody Order or Protection Order is in place, a copy must be filed with the Programme. In the case of a Protection Order, the person with custody must also provide the following information:

Persons with right of access to the child:

Special access conditions:

Persons forbidden access to the child by law:

Description / photograph of barred persons:

If there are any specific fears of a breach of orders (particularly Protection Orders), please advise the Programme Supervisor. This is particularly relevant where there have been suggestions that a person may attempt to breach the order while the child is at school.

□ I give permission for Programme staff to administer the medications listed on Page 2. (strike out if no medication required)

Signed: _____

Date: _____

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the After School Care Programme. All personal information provided will be destroyed at the completion of your child's time in the Programme. You are welcome to review information pertaining to your child's enrolment at any time.