FAIRBRIDGE

Creates space and opportunities for young people to grow

Child's Details

CRN

First Name Surname

DOB M/F

Address:

Detail any other siblings accessing the program. *

Parent/guardian

CRN

Name: DOB:

Relationship to child:

Home ph: Mob ph:

Address:

Email:

Place of Work: Phone

Name: DOB:

Relationship to child:

Home ph: Mob ph:

Address:

Email:

Place of Work: Phone

*** Please complete a separate registration for each child to be enrolled in the program.**

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Emergency contact (not same as above)

First name: Surname:

Relationship to child:

Home ph: Mob

Address:

Email:

Place of Work: Phone

Authority to collect

Full name
Relationship to child
Contact ph.

Authority to collect

Full name
Relationship to child
Contact ph.

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Medical information

Doctors Contact Details

Name: Phone

Medicare Number:

• Does your child take any regular medications? Yes/No

o If yes, what for and when

• Does your child have any allergies? Yes/No

o If yes, what to

• Do they have an anaphylactic reaction? Yes/No

o If yes, please provide an emergency management plan with a current photo of your child, we can assist with this.

Always send your child in with required medication.

• Does your child suffer with asthma? Yes/No

o If yes, please provide an emergency management plan with a current photo of your child, we can assist with this. Always send your child in with required medication.

• Are your child's immunizations up to date? Yes/No

• Immunization sighted? Yes/No

Additional needs

• Does your child have any additional needs we need to be aware of? eg. Behavioural, developmental, special dietary requirements, Cultural requirements, etc

• Is there any custody arrangements we need to be aware of?

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Permissions (please circle yes or no)

I give permission for –

• My child/ren to be transported with Fairbridge staff by walking, public transport, private bus charter Yes/No

• Fairbridge staff to seek medical attention should the need arise. Yes/No
Please note we will always endeavour to contact you first.

• Photographs to be taken of my child/ren for use within the centre, in printed form, not electronically transmitted Yes/No

• Photographs of my child/ren to be used for promotional purposes, including electronically transmitted Yes/No

• Sunscreen to be applied to my child/ren as deemed necessary by Centre staff Yes/No

• Insect repellent to be applied to my child/ren as deemed necessary by Centre staff Yes/No

Declaration

Fairbridge staff will make every effort to ensure that the highest standards of care are offered to the children enrolled in each program, however, will not be liable for loss, damage or injury to property or person, occasioned as a consequence of the enrolment of any child/ren in any Fairbridge program or participation in that program, and I acknowledge the exclusion of liability accordingly.

Full payment is required upon booking, cancellations received within 7 days will be charged at the full rate.

I recognise that the Fairbridge reserves the right to remove a child from the program for any action by the child that may distract or hinder the program. This includes threatening action, inappropriate language or any behaviour deemed disruptive by staff.

Due to unforeseen circumstances or inclement weather, it may be necessary for some aspects of the program to be modified at short notice.

Signed by parent/guardian: Date: