

Hello families,

Catholic Education are currently in the process of reviewing their enrolment forms. Due to lack of clarification in the current forms, it is requested that all ELC families complete the information below. Sorry for any inconvenience.



Thank you,
St Jude's ELC Team

Emergency Contacts (Authorised Nominee)

Emergency Contact 1: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from care? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No

Emergency Contact 2: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from care? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No

Emergency Contacts (Authorised Nominee)

Emergency Contact 3: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from care? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No

Emergency Contact 4: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from care? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No

Emergency Contact 5: (Other than parent/guardian/carer listed previously)

Given name: Family name:

Street address:

Suburb: State: Postcode:

Home Phone: Mobile Phone:

Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from care? (Please tick) Yes No

Is this person authorised to consent to medical treatment? Yes No

Is this person who is authorised to authorise an educator to take the child outside the education and care service premises? Yes No