KIDZONE FDC

CHILDREN ATTENDING ANOTHER SERVICE DECLARATION

Copy to be attached to the child enrolment form

CHILD DETAILS	
FIRST NAME	LAST NAME:
CRN NUMBER:	DATE OF BIRTH:
PARENT/GUARDIAN DETAILS	
FIRST NAME:	LAST NAME:
CRN NUMBER:	DATE OF BIRTH:
ARE YOU A REGISTERED PARENT OF THE CHILD? YES OR NO	
ANOTHER SERVICE DETAILS	
DOES YOUR CHILD ATTEND ANOTHER FDC/VAC/LONGDAY CARE/CHILDCARE/PRESCHOOL YES OR NO	
IF YOUR CHILD ATTENDS ANOTHER SERVICE PLEASE PROVIDE THE DETAILS BELOW	
Name of the service the child attends :	
Start date of care at the service:	
Address of the service:	
Contact number of the service:	
Email address of the service:	
DAYS ATTENDING :	

MON	**TUE**	**WED**	**THU**	**FRI**	**SAT**	**SUN**

PARENT DECLARATION/CONSENT

I _____ (Parent/Guardian name) declare that the information provided on this form about my child is accurate and also it is my responsibility to make sure that my child does not overlap any sessions of care when my child is with another service. I will notify of any changes required, to KIDZONE FDC, 7 days prior, by filling in the variations to conditions of care form.I Give consent to Kid zone FDC to contact the service name listed above to confirm the enrolment information for the contracted days of my child, to avoid any overlapping of care.

Parent Name:_____ Parent Signature:_____ Date:_____

Receiving Person name:_____ Signature:_____ Date:_____