



PARENT/GUARDIAN DETAILS

Mother's Name: _____ Mobile Phone: _____

Father's Name: _____ Mobile Phone: _____

Address:

Home Phone Number: _____ Email Address: _____

CHILDREN'S DETAILS

(1) Child's Full Name: _____ Birthdate: _____

(2) Child's Full Name: _____ Birthdate: _____

(3) Child's Full Name: _____ Birthdate: _____

(4) Child's Full Name: _____ Birthdate: _____

(5) Child's Full Name: _____ Birthdate: _____

SPECIAL NEEDS/REQUIREMENTS

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

Home Ph: _____ Mobile Phone: _____ Work Phone: _____



Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian)

Home Ph: _____ Mobile Phone: _____ Work Phone: _____

Relationship to Child: _____

EMERGENCY TREATMENT

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child/ren, _____ (*insert name of child/ren*), may be given emergency treatment by a staff carer of Ladybirds & Dragonflies Childminding Service. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant. The carer is required to attempt to contact me and if contact cannot be made the secondary emergency contacts listed above should be notified. I also give permission for my child to be transported by car, or ambulance to an emergency centre for treatment, if necessary.

Parent's Signature _____ Date _____

Consent to Medical Care and Treatment:

In the event that I or one of my emergency contacts cannot be contacted immediately, I give permission for medical or surgical treatment to be administered to my child/ren (*insert name of child/ren*) _____ in the case of an accident or emergency, as prescribed by a treating physician, and understand that Ladybirds & Dragonflies Childminding Service and its staff carer will not be held liable for the treatment nor any costs involved to receive this treatment.

Parent's Signature _____ Date _____

EMERGENCY INFORMATION

(1) Child's Full Name:

Child's Physician: _____ Phone: () _____

Preferred Hospital: _____ Phone: () _____



Regular Medications:

Blood Type: _____

Medicine/food allergies:

Any other Allergies:

Any special health conditions:

(2) Child's Full Name:

Child's Physician: _____

Phone: () _____

Preferred Hospital: _____

Phone: () _____

Regular Medications:

Blood Type: _____

Medicine/food allergies:

Any other Allergies:

Any special health conditions:

(3) Child's Full Name:

Child's Physician: _____

Phone: () _____

Preferred Hospital: _____

Phone: () _____

Regular Medications:

Po Box 591 Burpengary Q 4505

Ph: 0754330575 (b/h) 0459323958 (a/h)

Email: ladybirds05@bigpond.com

Website: www.ladybirds-dragonflieschildminding.com.au



Blood Type: _____

Medicine/food allergies:

Any other Allergies:

Any special health conditions:

(4) Child's Full Name:

Child's Physician: _____

Phone: () _____

Preferred Hospital: _____

Phone: () _____

Regular Medications:

Blood Type: _____

Medicine/food allergies:

Any other Allergies:

Any special health conditions:

(5) Child's Full Name:

Child's Physician: _____

Phone: () _____

Preferred Hospital: _____

Phone: () _____

Regular Medications:

Blood Type: _____

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Medicine/food allergies:

Any other Allergies:

Any special health conditions:

PETS

Do you have any pets in the home? If so please list what pets you have (we have some carers who have animal allergies which we will consider prior to placing them in your home)

CONTRACT AGREEMENT

I _____ have read the policies and procedures involved with using the services of Ladybirds & Dragonflies Childminding Service and understand that as a registered client of Ladybirds & Dragonflies Childminding Service I must adhere to them at all times. I am aware that if at any time I breach the policies outlined that my membership may be terminated.

Persons signing below are responsible for payment of all services offered by Ladybirds & Dragonflies Childminding Service as well as any medical expenses which may be incurred as a result of any emergency.

Parent/Guardian (Mother) _____

Parent/Guardian (Father) _____

HAVE I DONE THE FOLLOWING?

To complete the membership registration process you must complete and send to us:

Client membership form

Po Box 591 Burpengary Q 4505

Ph: 0754330575 (b/h) 0459323958 (a/h)

Email: ladybirds05@bigpond.com

Website: www.ladybirds-dragonflieschildminding.com.au



Payment of membership fee

Upon receiving this information you will become a member of the Ladybirds & Dragonflies Childminding community. You will be sent a confirmation letter in the mail as well as a membership card containing your booking ID number allowing you to make online bookings.

Direct Deposit Details

BSB: 114-879

Account: 456 210 479

Account Name: Ladybirds & Dragonflies

Money Order Details

Please make money orders payable to the director:

Tami Bass – Ladybirds & Dragonflies Childminding Service

Credit Card Details

Please circle:

VISA

MASTERCARD

Card Number:

____ - ____ - ____ - ____

Card Expiry Date:

__ / __

Name on Card:

Please Note: 2.25% surcharge payable on all credit card transactions