



UPDATE DETAILS FORM

Please complete details that require changing to your Enrolment Form.
It is essential that all your authorisations and contact details are current

Date / /

Child's Full Name _____

Mother's Name _____

Address _____

Mobile _____

Email _____

Father's Name _____

Address _____

Mobile _____

Email _____

Emergency Contact Person (other than parent in case of an emergency)

Name _____ Mobile _____

Relationship _____

Authorisations for Medical Treatment (other than parent)

Name _____ Mobile _____

Relationship _____

If there are any Court Orders or Parenting Plans in place (please speak to the Coordinator directly)

Payment Information: I would like to pay my account in the follow way. (Please circle)

1. Direct Deposit 2. Debit my Credit Card/Bank Account (complete a Direct Debit Request Form)

Medical Condition/Allergies –If this information requires updating please speak with the centre Coordinator directly

Note: If you would prefer to provide this information directly to us, please email or call our admin office on 9369 3643 or email admin@kidsclubosh.com.au or speak to the Centre Coordinator.

Thank you