Name:

Parent / Carer Details

Community Breakfast Club Intake Form

Address:

D.O.B: Gender:

Phone: Mobile:

Work: Email:

Emergency Contact

Name: Number:

Children’s Details

Name: D.O.B School/Class:

Name D.O.B School/Class:

Name: D.O.B School/Class:

Name: D.O.B School/Class:

Does your child/ren identify as Aboriginal or Torres Strait Islander? YES / NO

Further Information

Has your child/ren been immunized / immunizations up to date? YES / NO

Does your child/ren have any **ALLERGIES** ? YES / NO

If **YES**, please provide details (please provide a copy of your child/ren’s action plan):

Does your child/ren have any medical condition(s) that may require urgent attention whilst at Breakfast Club i.e. Asthma? YES / NO

If **YES**, please provide details:

Do you consent for an ambulance to be called for your child/ren if an emergency situation was to arise? YES / NO

Does your child require transport? YES / NO

If **YES**, please provide address if different from above:

Are you currently working with any other support service in Gilgandra? YES / NO

If **YES**, please provide details:

Do you consent for your details to me shared with Barnardos Australia for the purpose of data collection? YES / NO

Key Breakfast Club Rule

For the safety of all those at breakfast club children are to be respectful to all who attend breakfast club and follow the guidance of Gilgandra Youth Services staff and volunteers.

Should a child not follow the above rule, their parent/carer may be contacted and the child will be given ‘time out’ away from the service.

Information for parent/carers

* You will be advised of any changes at breakfast club - including temporary closure and/ or bus route amendments.
* Please contact Gilgandra Youth Services for update any address changes or if your child is unable to attend.
* Please feel free to contact Gilgandra Youth Services if you wish to provide any feedback. Gilgandra Youth Services - 6817 8798 / 0408 697 241

Follow us [on Facebook @GilgandraYouthServices](http://www.facebook.com/GilgandraYouthServices)

**I, agree to the terms and conditions of my child/ren attending Breakfast Club. I will ensure my child/ren has an understanding of the above rule. I will advise the staff / supervisor of Gilgandra Youth Services should my contact details change.**

Signature: Date:

Photo Release

I/we, , the undersigned, consent that Gilgandra Shire Council

 (Please print name here)

has the right to copyright and publish photograph(s) taken in which appears. (Insert child’s name)

These photos will be used for Gilgandra Youth Services media releases.

I further agree that Gilgandra Shire Council may use, or cause to be used, this photograph(s) for publication – commercial, art or promotional purposes.

Signature: Date: