

NOTICE OF CHANGE OF PERSONAL DETAILS



The information provided below will be used to process your request.

Please return completed form to:

Nazareth Early Childhood Centre

2 Almond Avenue,

FINDON SA 5023

Phone (08) 8406 5080

Email ecc@nazareth.org.au

FAMILY DETAILS

	Child 1	Child 2	Child 3	Child 4
Family Name				
Given Name(s)				
Room				

	Mother / Parent 1 / Guardian 1	Father / Parent 2 / Guardian 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family Name		
Given Name(s)		
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Other

NEW CONTACT DETAILS

Please complete the fields where your details have changed		
	Mother / Parent 1 / Guardian 1	Father / Parent 2 / Guardian 2
Home Phone		
Work Phone		
Mobile		
Email		
Residential Address		
Postal Address <i>(if different from residential address)</i>		
Effective Date	/ /	/ /



Nazareth

CHANGE OF EMERGENCY CONTACT

Please complete this section if your emergency contact person(s) or their details have changed

Emergency Contacts (*Your Emergency Contact is the person you would like us to call if you are unavailable*)

Name of Contact 1	Relationship to Child
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Mobile Phone	Home/Work Phone
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Name of Contact 2	Relationship to Child
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Mobile Phone	Home/Work Phone
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Other people who may collect your child (*Please let us know of anyone else you authorise to collect your child*)*

Name	Contact Number
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Name	Contact Number
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* Please note these people may be required to produce proof of identity eg. driver's licence.

I/we consent to my basic family details (<i>name and telephone number</i>) being revealed to the Federation of Catholic College Parent Communities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we consent to my/our personal details (<i>contact name, telephone number, address</i>) being disclosed for pastoral support and specialised services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I/we declare that all of the information provided in this application is, to the best of my knowledge, true and accurate.

Signature	Date / /
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OFFICE USE ONLY

<input type="checkbox"/> Changed on Xplor	<input type="checkbox"/> Team Leader notified	<input type="checkbox"/> Nazareth Community notified
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