



Extended Day Program

Child Details Form

Email: EDP@stpeters.qld.edu.au

Dear Parents and Caregivers

Please complete the details below and return to EDP@stpeters.qld.edu.au. Payment is required before the scheduled booking date.

Child Details:	
First name:	Last name:
Date of birth:	Gender: M F
Form Class:	
Medical Details:	
Specific dietary requirements:	

Contact Details	
First Parent/Caregiver	Second Parent/Caregiver
Name:	Name:
Relationship to child:	Relationship to child:
Home address:	Home address:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email address:	Email address:

Emergency Contacts:	
Emergency contact: a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.	
Contact (1)	Contact (2)
Name:	Name:
Relationship to child:	Relationship to child:
Home address:	Home address:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Contact (3)	Medical Practitioner Details
Name:	Doctor:
Relationship to child:	Address:
Home address:	
Home phone:	Telephone:
Mobile phone:	Medicare number:
Work phone:	Hospital: