




 Port Curtis Coral Coast Trust Ltd
 2 Marina Drive
 BURNETT HEADS Q 4670

 (07) 4159 5589
 reception@pccctrust.com.au
 PO Box 537
 BUNDABERG Q 4670

HOMEWORK REGISTRATON FORM

Please fill out this registration form in full and return your completed form via email to reception@pccctrust.com.au or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Bundaberg QLD 4670

Students cannot attend Homework Club unless all forms have been completed



PARENT/ CARER INFORMATION: Please print clearly and in capital letters

Surname:		First Name:	
Street address:			
City:	State:	Post Code:	Date of Birth: / /
Phone:		E-mail:	

FOR THE PERSON COMPLETING THIS FORM: Please indicate relationship to students listed on this form:

Mother
 Father
 Grandparent
 Carer
 Other (please specify): _____

Available phone number during club hours: Home phone Mobile Phone Work

Student Number 1			
First Name:		Surname:	
Date of Birth:	Age:	Gender:	Year Level at School:
Name of School:		School Suburb:	
Best Subjects:		Challenging Subjects:	

Student Number 2			
First Name:		Surname:	
Date of Birth:	Age:	Gender:	Year Level at School:
Name of School:		School Suburb:	
Best Subjects:		Challenging Subjects:	

Student Number 3			
First Name:		Surname:	
Date of Birth:	Age:	Gender:	Year Level at School:
Name of School:		School Suburb:	
Best Subjects:		Challenging Subjects:	

Student Number 4			
First Name:		Surname:	
Date of Birth:	Age:	Gender:	Year Level at School:
Name of School:		School Suburb:	
Best Subjects:		Challenging Subjects:	

Health Information

Medicare card number: _____

Allergies or special health concerns: Peanuts Asthma Seasonal Diabetes
 Other: _____

Medication needed: _____

How will your child get home?

I will drop Off/ pick Up PCCC staff member to pick up/drop Off

I _____ give my child _____ permission to be picked up and dropped off when needed if I can't do so myself.

PARENT/GUARDIAN DECLARATION:

I declare that I am the parent/carer/grandparent for the above listed students.

I declare that the information I have provided on this form is complete and accurate.

I give consent for photos of my child/children to be used for promotional purposes (Newsletter, Social Media)

I, as a parent/guardian understand and acknowledge that the care of my child/children is my responsibility

I understand that providing false or misleading information or non-disclosure of relevant information may result in cancellation of student's homework club registration.

I agree that any information of on this form changes, I will provide updated information to PCCC Trust LTD as soon as possible

Name of Parent/Guardian:

Signature of Parent/Guardian

Date:

ALL INFORMATION IS STRICTLY PRIVATE AND CONFIDENTIAL

