



Before and After School Carers Register

Business Name: _____

ABN: _____

Phone Number: _____

Address: _____

Name of Carer/s: _____

Address: _____

Phone Number: _____

Driver's License Number: _____

Vehicle Registration Number: _____

Insurance Provider: _____

WWCC: _____

First Aid Certificate Yes No
(if yes, please provide a certified copy)

CPR Certificate Yes No
(if yes, please provide a certificated copy)

Carers Signature _____ Date _____



Student Register

Student Name: _____

Student Class: _____

Phone Number: _____

Address: _____

Days when student is dropped off and/or picked up from school.

| | | | | |
|---|-----|-----|-----|-----|
| BEFORE SCHOOL DROP OFF <i>(please circle)</i> | | | | |
| Mon | Tue | Wed | Thu | Fri |

| | | | | |
|---|-----|-----|-----|-----|
| AFTER SCHOOL PICK UP <i>(please circle)</i> | | | | |
| Mon | Tue | Wed | Thu | Fri |

Parental Consent

I _____ understand that my son/daughter
_____ will be dropped off/picked up from school by the carer
_____. I acknowledge that should there be a change in carer
that it is my responsibility to inform the school. I also acknowledge that the school is not
responsible for the supervision of my child after the point of pick up at 3:10pm.

Date: _____

Parent/guardian Name: _____

Parent/guardian Signature: _____

Carer Name: _____

Carer Signature: _____