



St Clair Youth and Neighbourhood Team Inc

St Clair Community Project, Erskine Park Community Project, St Clair Youth Project

PO Box 81 St Clair 2759

9834 2708

ABN: 38 238 852 709

Registration Form **Learning Lounge Community Project**

Students Name: _____

School Year: _____

School Attending: _____

Class teacher: _____

Teachers contact details: _____

Parent /Guardian Name/s: _____

Contact details: _____

Referral made by (please circle): parent/guardian teacher

Subjects for attention:

Specific areas student requires assistance with:

St Clair Youth Centre
97A Cook Parade St Clair
9834 2704

Main Office
Autumnleaf Neighbourhood Centre
1 Autumnleaf Parade St Clair
Fax: 9834 6066
Email: info@scynt.org.au
Website: www.scynt.org.au

Erskine Park Community Centre
57 Peppertree Drive Erskine Park
9834 3006



St Clair Youth and Neighbourhood Team Inc
 St Clair Community Project, Erskine Park Community Project, St Clair Youth Project
 PO Box 81 St Clair 2759
 9834 2708
 ABN: 38 238 852 709

I understand that my child will be under the supervision of St Clair Youth and Neighbourhood Team Inc. staff and volunteers during Learning Lounge sessions. I understand that my child will not be allowed to leave the centre before 5.00pm without parental consent. I understand that if my child needs to leave before that time I will contact the workers and make arrangements.

Contact Name/Number (In case of EMERGENCIES):.....

Does your child have any medical conditions (such as asthma, diabetes, epilepsy and food allergies etc).....

SCYNT STAFF ARE NOT PERMITTED TO ADMINISTER ANY TYPE OF MEDICATION TO A YOUNG PERSON.

I am aware that photos may be taken at this activity, which may be used for promotional purposes.

Please note that all children must be collected from the Learning Lounge by 5.00pm, as no staff will be on the premises after 5.15pm.

I agree to the above and give permission for the staff and volunteers of St Clair Youth and Neighbourhood Team Inc to seek medical, hospital or ambulance assistance for my child if required.

SIGNED DATE

I authorise my child to leave the Learning Lounge at 5.00p.m. to make their own way home. Unless this section is signed, we will not permit the child to leave the centre and contact will be made with a parent.

SIGNED.....DATE.....

St Clair Youth Centre
 97A Cook Parade St Clair
 9834 2704

Main Office
 Autumnleaf Neighbourhood Centre
 1 Autumnleaf Parade St Clair
 Fax: 9834 6066
 Email: info@scynt.org.au
 Website: www.scynt.org.au

Erskine Park Community Centre
 57 Peppertree Drive Erskine Park
 9834 3006