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Date of submission	Jul 10, 2025 09:05
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The following information has been submitted from the Inner West Council:

Email:	jess.sullivan369@gmail.com
Child's D.O.B.:	Nov 22, 2024
Child's first name:	Jess
Child's surname:	Sullivan
Parent / Guardian:	Jess
Parent / Guardian's surname:	Sullivan
Address:	3/10 Williams Parade
Suburb:	Dulwich Hill
Daytime contact details:	0437183978
Emergency contact person (other than yourself):	Mark
Emergency contact phone number:	+61 437 251 230
The following person has permission to collect my child:	
Relationship:	
Phone number:	
Please tick the appropriate box in relation to your child.	
Is your child immunised?:	Yes
Please note information about immunisation status is only to identify children more at risk if there was an outbreak of a disease that can be prevented by immunisation.	
Is your child currently taking any medication?:	No
Please list any medication being taken:	
Does your child have additional needs? (Please note if 'yes' you must complete the creche additional needs form):	No
Please list any additional needs:	
Does your child have any allergies? (Please note if 'yes' you must complete the creche additional needs form):	No
Please list any allergies:	
How did you hear about the creche?:	
By submitting this form you are confirming that you give Applied First Aid trained creche staff permission to administer first aid and/or seek medical attention for your child.	

# Creche