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Date of submission	Jul 11, 2025 09:29
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The following information has been submitted from the Inner West Council:

Email:	jayne.bryant1@outlook.com
Child's D.O.B.:	May 16, 2025
Child's first name:	Emily
Child's surname:	Bryant
Parent / Guardian:	Jayne bryant
Parent / Guardian's surname:	Bryant
Address:	24 Highbury Street
Suburb:	Croydon
Daytime contact details:	0452610955
Emergency contact person (other than yourself):	Dale bryant
Emergency contact phone number:	0401448810
The following person has permission to collect my child:	Dale Bryant
Relationship:	Husband/father
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?:	Website
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