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Date of submission	Jul 11, 2025 10:08
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The following information has been submitted from the Inner West Council:

Email:	andrealeemitchell@gmail.com
Child's D.O.B.:	Aug 30, 2023
Child's first name:	Clementine
Child's surname:	Kalman
Parent / Guardian's first name:	Andrea
Parent / Guardian's surname:	Ben
Address:	27 Newington Road
Suburb:	Marrickville
Daytime contact details:	0406847828
Emergency contact person:	Andrea Mitchell
Emergency contact phone number:	0406847828
The following person has permission to collect my child:	
Relationship:	
Phone number:	
Please tick the appropriate box in relation to your child.	
Are your child's immunisations up to date?:	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