

Personal Details

The following information will be retained on our records and only used in matters relating to the management of the child. All information is held in strict confidence and is not shared with any other organization or professional without the consent of the parent or legal guardian of the child.

Please fill out all sections

Child's Full Name: _____

Male / Female (Please Circle) Date of Birth: ____ / ____ / _____

Parent / Guardian 1 (Full Name): _____

Parent / Guardian 2 (Full Name): _____

If Parents are Separated Please Indicate (✓):

Phone Numbers (Home): _____ (Work): _____

Mobile Numbers: (Parent 1): _____ (Parent 2): _____

Occupation of Parent / Guardian 1: _____

Occupation of Parent / Guardian 2: _____

Postal Address: (No. and Street or PO Box) _____

Suburb/Town/City: _____ Post Code: _____

How far from the CDN does the child live (or go to school) in Travel Time: _____

Email (Parent 1): _____

Email (Parent 2): _____

School: _____

Year of Schooling (incl Prep): _____ Age in Years: _____ Months: _____

Number of children in family: _____ Child's Position in Family: _____

Name of Referring Practitioner (other than GP): _____

Were you referred by Friend? (please ✓)

Would you like to Donate to The Literacy Foundation for Children to assist at-risk children gain access to Literacy Services Yes (please ✓ and turn over page)

Thank you for your cooperation in filling out this form

Donate to the Literacy Foundation for Children

The Literacy Foundation for Children is responsible for administering benevolent services to support families of children with literacy and learning disabilities.

Through the kind donations of parents, professionals, businesses and the general public, the Foundation is able to offer financial support to vulnerable children.

To donate please fill in the details below or visit the website at the bottom of the page.



Direct Debit Payment Information

Cardholder's Name: _____

Credit Card #: _____

CCV #: _____ Expiry Date: ____ / ____ / ____ Visa / Mastercard

Signature: _____ Date: ____ / ____ / ____

Amount: (Please tick one of the boxes below or nominate a donation amount)

\$25 \$50 \$100 \$100 Nominate an amount: \$ _____

Email where receipt is to be sent: _____@_____

You also have the option to give a regular monthly amount for a set period by visiting:
www.givenow.com.au/literacyfoundation/

Thank you for your generosity!