



Baringa Child-Care Centre Association Incorporated
ABN 42 028 145 288

64 Baddeley Crescent | Spence ACT 2615
02 6258 8891 | admin@baringa.org.au
www.baringa.org.au

One-off Collection Form

I, _____ give permission for _____ to
(Parent's Full Name) (Full Name of person to pick-up)

pick up my child/ren _____
(Child/ren's Full Name/s)

Date/s to be picked up: _____

Parent's name: _____

Parent's signature: _____ Date: _____



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Date/s to be picked up: _____

Parent's name: _____

Parent's signature: _____ Date: _____

Note: an on-going collection authorisation can be completed online via My Family Lounge (Login and click QK enrol and first ensure the person you wish to authorise is listed as a contact. Once listed, click "edit" next to your child's name, then under "authorisations" select and save the collection authorisation for the relevant contact).