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**Crèche Enrolment Application 2019-20**

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| Child’s Information | | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | | |
| Date of Birth: | | | | | Male | | | | | Female |
| Toilet Trained: | YES | NO | | | | IN PROGRESS | | | | |
| *\*Please provide a change of clothes and nappies (if required) for your child* | | | | | | | | | | |
| Likes / Dislikes: | | | | | | |  | | | |
|  | | | | | | |  | | | |
| Are there any family court orders and/or custody issues relating to the child? YES / NO | | | | | | | | | | |
| Any other helpful suggestions; e.g. Likes to look at books. | | | | | | | | | | |
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| Parent / Caregiver Information | | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | | |
| Address: | | | | | | | | | | |
| Telephone: | | | | | Mobile: | | | | | |
| Email: | | |  | | | | | | | |
| Emergency Contact Details | | | | | | | | | | |
| In the event of an emergency relating to the parent/caregiver the emergency contact has permission to collect my child from crèche. | | | | | | | | | | |
| First Name: | | | | | Last Name: | | | | | |
| Relationship: | | | | | | | | | | |
| Contact Number: | | | | | | | | | | |
| Photographs | | | | | | | | | | |
| I………………………………….. give/do NOT give consent for my child ……………………………………………………..to have photographs taken for the purpose of advertising/social media/promotional activities for the Shire of East Pilbara. | | | | | | | | | | |
| Parent/Caregiver Signature: …………………………………………………………. | | | | | | | | Date: …………………………… | | |
| Acceptance of Conditions of Use | | | | | | | | | | |
| * I accept that I must stay within Newman Recreation Centre whilst my child attends crèche. * I understand that I must immediately return to the crèche to attend to my child should I be requested to do so by crèche staff. * I have read and understood that the crèche is an unlicensed service and I have received a copy of the Newman Recreation Centre’s Crèche Information Sheet. | | | | | | | | | | |
| Parent/Caregiver Signature: …………………………………………………………. | | | | | | | | Date: …………………………… | | |
| Medical Conditions and Special Needs | | | | | | | | | | |
| We are unable to care for sick children or children with a contagious illness. | | | | | | | | | | |
| Is your child up to date with their immunisations: | | | | YES | | | | | NO | |
| Does your child have any known allergies: | | | | YES *\*provide details* | | | | | NO | |
|  | | | | | | | | | | |
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| Please state any other condition which may require EMERGENCY ACTION by crèche staff. | | | | | | | | | | |
|  | | | | | | | | | | |
| Administering medication is the responsibility of parents not crèche staff. However, this information may be required in case of an emergency. | | | | | | | | | | |
| I consent to medical treatment being obtained for my child in an emergency. | | | | | | | | | | |
| Parent/Caregiver Signature: …………………………………………………………. | | | | | | | | Date: …………………………… | | |