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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.
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| 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. |
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| 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: …………………………… |