

Crèche Enrolment Application

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*

Are there any family court orders and/or custody issues relating to the child? YES / NO

Likes / Dislikes: _____

Any other helpful suggestions: (e.g. Likes to look at books) _____

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

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: _____