



CRECHE ENROLMENT FORM

Parent/Guardian Details

Name Parent/Guardian: _____

Address: _____ Phone: _____

Email address: _____

D.O.B: __/__/__

Child/ren's Details

First Child

Surname: _____ First Name: _____ D.O.B __/__/__ Gender: M / F

Second Child

Surname: _____ First Name: _____ D.O.B __/__/__ Gender: M / F

Third Child

Surname: _____ First Name: _____ D.O.B __/__/__ Gender: M / F

Emergency Contact People

Persons to contact in emergency, if above contacts are unavailable (please specify):

1/ Name: _____ Phone: _____ Mobile: _____

Address: _____ Relationship to child: _____

2/ Name: _____ Phone: _____ Mobile: _____

Address: _____ Relationship to child: _____

Collection of Child/ren

Who is authorised to collect the child/ren from the service? (Name and Relationship):

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Medical Information

Is there any medical or physical condition from which your child/children suffer that needs to be brought to the attention of the staff. For example – special dietary needs; allergies; anaphylaxis; medical conditions such as ADD, Epilepsy, Asthma etc.

YES / NO

PLEASE GIVE DETAILS: (please attach an action plan if applicable)

First Child _____

Second Child _____

Third Child _____

Accident/Illness

We regret we are unable to care for sick children or children with contagious illnesses. Crèche staff are unable to administer medicine to children. In the event of any accident or illness, I authorise the obtaining on my behalf of such medical or hospital treatment as my child/children may require, and agree to meet any expenses attached thereto. In the case of emergency I agree for my child to be transported by ambulance. I/we agree to pay expense incurred for medical treatment and transport.

Signature of Parent or Guardian: _____ Date: _____

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Parent Statement

- ◆ I accept that I must stay within the facility (inside the building) while my child attends crèche.
- ◆ I understand that my child is recommended to be immunised before using crèche facilities.
- ◆ I understand that I am not to bring my child into crèche if he/she is unwell.
- ◆ I understand that I am at all time responsible for my child while he/she attends the crèche
- ◆ I understand that I must immediately return to the crèche to attend to my children should I be requested to do so by centre staff.
- ◆ I understand that if I return late to pick my child up, I will receive a late fine.

Signature of Parent or Guardian: _____ Date: _____

