

Trim Ref: D
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## **Crèche Enrolment Form**

First Child						
Surname:		First Name:				
Date of Birth:	Gender:		Home Sch	nooled: Y	N	
Second Child						
Surname:		First Name:				
Date of Birth:	Gender:		Home Sch	nooled: Y	N	
Third Child						
Surname:	First Name:					
Date of Birth:	Gender:		Home Sch	nooled: Y	N	
I do not wish to receive g	general MALC mar	keting and/or n	iewsletters			
Surname:		First Name:				
Address:						
Suburb:		-				
Phone Number:		Mobile:				
Email Address: (please print clearly)						
	@					
Emergency Contact Details (C	Other than Parent/Gu	ardian above)				
Name:						
Phone Number:		Mobile:				
Relationship to Child:						
Collection of Child/ren (Other	than Parent/Guardia	n who is authoris	sed to collec	t child/ren	from the s	service?)
Name:						
Phone Number:		Mobile:				
Relationship to Child:						
Immunisation						
Has/have the above mention	ed child/ren been	immunised	Yes		No	

Please turn over

## **Medical Information**

Is there any medical or physical condition from which your child/ren suffers that needs to be brought to the attention of the staff? (e.g. Epilepsy, special dietary needs, allergies etc).

Please provide details and Action Plan if applicable.	
First Child:	
Second Child:	
Third Child:	
Accident / Illness	
We regret that we are unable to care for sick children or of staff are unable to administer medicine to children.	children with contagious diseases and Crèche
Parent/ Guardian Statement	
<ul> <li>I accept that I must stay within the facility (inside to I understand that it is recommended that my child/ten in I understand that I am not to bring my child/ren in I understand that I am at all times responsible for the I understand that I must immediately return to the requested to do so by crèche staff.</li> <li>I understand that in the event of an emergency/energy child/ren to the designated assembly area.</li> <li>I understand that if my child/ren is/are under the acrèche.</li> <li>I understand that my child/ren are to be settled an changed before I leave my child.</li> </ul>	ren be immunised before using crèche facilities. It to the crèche if he/she/they are unwell. In child/ren while he/she/they attend the crèche. The crèche to attend to my child/ren should I be avacuation, the Crèche Attendants will transport to ge of 2 years, I must bring a pram for use in the
Photo/Filming Permission	
By ticking the box and signing below, you are giving or authorised third parties permission to be photograph the Centre. You acknowledge that you are aware that promotional material (i.e. flyers, display boards, advertist throughout the community.	hed/filmed while participating in programs at these photos/images/footage may be used for
Signature of Parent/Guardian	Date