

# CRECHE ENROLMENT



## CHILD 1 DETAILS

FIRST NAME
LAST NAME
DATE OF BIRTH
GENDER
MEDICAL INFORMATION

## CHILD 2 DETAILS

FIRST NAME
LAST NAME
DATE OF BIRTH
GENDER
MEDICAL INFORMATION

## CHILD 3 DETAILS

FIRST NAME
LAST NAME
DATE OF BIRTH
GENDER
MEDICAL INFORMATION

## CHILD 4 DETAILS

FIRST NAME
LAST NAME
DATE OF BIRTH
GENDER
MEDICAL INFORMATION

## PARENT/GUARDIAN DETAILS

NAME
PHONE
EMAIL ADDRESS
RELATIONSHIP TO CHILD
ADDRESS

## PARENT/GUARDIAN DETAILS

NAME
PHONE
EMAIL ADDRESS
RELATIONSHIP TO CHILD
ADDRESS

## EMERGENCY CONTACT 1

NAME
PHONE
EMAIL ADDRESS
RELATIONSHIP TO CHILD
ADDRESS

## EMERGENCY CONTACT 2

NAME
PHONE
EMAIL ADDRESS
RELATIONSHIP TO CHILD
ADDRESS

# CRECHE ENROLMENT



## COLLECTION OF CHILDREN

Who is authorised to collect the child/ren from the service?

NAME
RELATIONSHIP TO CHILD

NAME
RELATIONSHIP TO CHILD

## FAMILY COURT ORDERS

Are there any family court orders affecting custody or access to the child/ren?  YES  NO

DETAILS

## ALLERGIES

Does your child suffer from any medical or physical condition that needs to be brought to the attention of the staff?

YES  NO

DETAILS

Does your child suffer from Anaphylaxis or Asthma?  YES  NO

DETAILS

Have you given an Allergy Treatment/Asthma Action Plan to staff?  YES  NO

Do you authorise us to administer epipen or asthma medication in the case of an emergency?  YES  NO

In the event of any accident or illness, I authorise staff to obtain medical treatment and/or transport by ambulance for my child and agree to pay expenses incurred for medical treatment and transport. YES NO

## PHOTO PERMISSION

I agree to have photographs taken, of myself and/or the family members of which I am parent/guardian, by the City of Armadale and grant the rights to use/publish the photograph(s) taken. I grant these rights with the understanding that they incur no fee and that I have no interest in the copyright of the photographs. I further understand that the photograph(s) may be used in a number of different publications and promotional items (both printed and electronic mediums), including provision to news publications.

YES  NO

COMMENTS

- I DECLARE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE.
- I AGREE TO ABIDE BY THE CONDITIONS SET OUT IN THE CRÈCHE INFORMATION HANDBOOK AND HAVE ATTACHED MY CHILD'S IMMUNISATION RECORDS.
- I UNDERSTAND THAT I MUST BOOK AND PAY ONLINE BEFORE VISITING THE CRÈCHE.
- I UNDERSTAND THAT I MUST REMAIN WITHIN THE BUILDING AT ALL TIMES AND BE AVAILABLE AT ALL TIMES TO ATTEND TO MY CHILDS NEEDS IF REQUIRED



ARMADALE  
FITNESS AND  
AQUATIC CENTRE

60 Champion Drive, Seville Grove (AFAC)  
afaccrèche@armadale.wa.gov.au  
active.armadale.wa.gov.au

