

## Creche Enrolment Form

Enrolment Date: \_\_\_\_\_

1) Child's Details					
Surname			Given Names		
Date of Birth			Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Is the child of Aboriginal and/or Torres Strait Islander descent?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Languages spoken at home					
2) Family Details					
<u>PARENT/GUARDIAN 1</u>					
Surname			Given Names		
Home Address					
Relationship to child			Occupation		
Contact number	(h)			(m)	
Does the child live with the parent/guardian?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email					
Language spoken					
<u>PARENT/GUARDIAN 2</u>					
Surname			Given Names		
Home Address					
Relationship to child			Occupation		
Telephone	(h)			(m)	
Does the child live with the parent/guardian?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email					
Language spoken					

### 3) Additional Emergency Contacts

#### 1<sup>st</sup> Additional Contact

Name		Relationship to child	
Home Address			
Home phone number		Mobile	

#### 2<sup>nd</sup> Additional Contact

Name		Relationship to child	
Home Address			
Home phone number		Mobile	

### 4) Health

If you answer YES to any of the following questions, please include a detailed action/medical plan stating all information necessary to respond to your child's needs.

Does your child have any medical conditions and/or additional needs (e.g. asthma, epilepsy, diabetes, hearing, vision, physical abilities etc?) including 'gifted abilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide a current management plan or list management procedures

Has your child been diagnosed at risk of anaphylaxis or asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list triggers:

Does your child have any allergies or sensitivities	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list cause & management:

Has your child suffered any significant illnesses in the past	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list:

**5) Parental Agreement**

<b>I have</b> received a copy of the parent handbook and agree to abide by the conditions in it	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The creche</b> has absolute discretion in terminating my child/ren's registration if I fail to comply with centre policies and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will</b> only have my child/ren at the creche for a maximum of 2 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will</b> collect my child/ren if he/she becomes unwell at the service	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will</b> attend to the creche immediately for nappy changing and toileting if required	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will sign</b> my child/ren 'in and out' of the creche	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will</b> advise of any infectious conditioned my child/ren has	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will</b> keep my child/ren home if he/she is unwell	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I consent</b> to my child/ren being treated for emergency first aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I consent</b> to my child/ren being treated with emergency medical condition first aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will immediately notify</b> staff of any changes of address, telephone number, emergency contact or other circumstances which may affect the care of my child	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I acknowledge</b> that, though all reasonable care will be taken, the Weipa Sports Centre and staff are not responsible for any injury or loss in connection with my child/ren's attendance at the creche	<input type="checkbox"/> Yes <input type="checkbox"/> No

**6) Photograph Permission**

I give permission for my child to be photographed and that photograph to	
a) Be placed withing the WASP environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Appear on the WTA/WASP social media sites	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Appear in local newspapers	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST**

- Enrolment form fully completed
  - Copy of birth certificate provided
  - Parent's membership type has been confirmed with administration for creche access
  - Parent has brought child into creche for a play prior to starting a session
- Parent has been inducted into the creche's procedures including:**
- Parent shown procedure for using change table in creche
  - Parent and child shown where to wash their hands, where to find the toilets, put their child's bag and shoes
  - Parent shown where to sign in and out of the creche
  - Parent shown where in the circumstance of an emergency, where they will find their child (First aid area and evacuation point)
- Date complete:.....

**7) Tell us about your child**

Child's Name		Usually Called	
Parent/Guardian Name			
Other significant family members			
Family Pets			
Child position in family			

Child's usual sleep schedule	
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Is your child toilet trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>What words does he/she use for toileting?</i> _____
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Has your child been in group care before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there any other information you believe would help staff whilst caring for your child?