

Office Use Only

Enrolment number _____

Entered

Yes No

Staff initial _____

Expiry _____

MANJIMUP REGIONAL AquaCentre



CRECHE ENROLMENT One form per child

The Manjimup Regional AquaCentre crèche meets the criteria specified in Regulation 4(2) of the *Child Care Services Regulations 2007* and is therefore exempt from the requirement to hold a license. As such, parents must remain onsite at all times and be available to meet the immediate needs of your child if necessary. A copy of these requirements is available from reception.

CHILD DETAILS

Child's Full Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: Male Female

Country of Birth: _____ Languages Spoken: _____

CONTACT DETAILS

Parent/ Guardian names: _____

Contact numbers: (h) _____ (m1) _____ (m2) _____

Postal Address: _____

Residential Address: _____

Email address: _____

Siblings: _____

MEDICAL AND EMERGENCY

Does your child have any allergies and/ or medical conditions? Yes No

If yes, please provide details: _____

NB: You may be required to provide an action plan for severe medical conditions

Does your child take any regular medications? Yes No

If yes, please provide details including dosage and frequency: _____

EMERGENCY

In the case of accident or emergency, every effort will be made to contact the parent/s immediately.

In the event that my child requires medical attention, I authorise Manjimup Regional AquaCentre to obtain medical assistance, and agree to pay any medical related costs incurred

Yes No Initial _____

Family Doctor: _____ Phone: _____

Medical Centre: _____

LOOKING AFTER YOUR CHILD

Meals

Does your child have

- Bottle/ breast milk
- Food mashed/ chopped
- Solid food

Please provide one snack for each hour booked and a drink bottle. Food should be ready to eat ie: cut/ peeled

Toileting

Is your child;

- Using nappies
- Toilet training
- Toilet trained

Please provide one for each hour booked and one extra
Spare clothes should be provided when toilet training

Likes/ Dislikes/ Fears

Is there anything in particular your child;

Enjoys (activities): _____
Dislikes: _____
Fears: _____

Please include anything else you feel may be relevant to our crèche carers:

Are there any issues that crèche needs to be informed of for safety reasons (ie: custodial)?

AUTHORITY TO DROP OFF/ COLLECT

I authorise the following persons to drop off and collect my child

Name: _____ Phone: _____

Address: _____ Relationship to child: _____

Name: _____ Phone: _____

Address: _____ Relationship to child: _____

I give permission for my child to be photographed during crèche sessions. Photos may be displayed in the AquaCentre, and may be used as promotional material by the Manjimup Regional AquaCentre and by extension the Shire of Manjimup.

Yes No Initial _____

NB: Please inform staff if you would like photos of your child to remain private

I understand that the AquaCentre Crèche is exempt from the requirement to hold a license under Regulation 4(2) of the *Child Care Services Regulations 2007*. I understand that this enrolment form will need to be updated annually and/ or in the event of any change in details.

Sign _____ Print name _____ Date ____/____/____