

Crèche



Please complete this Enrolment Form and return to our Crèche Coordinator on your child's first visit to our Crèche. The Margaret River Recreation Centre's Crèche Service is available to Parents/Carers utilising the Centre's facilities. Parents/Carers must remain on site at all times during the Crèche session.

Child's information

First Name _____ Surname _____

Gender Male Female

D.O.B ____/____/____

Parent/Carer information

First Name _____ Surname _____

Address _____ Postcode _____

Phone _____ Mobile _____

Email _____

Emergency contact

(The following emergency contact has permission to collect my child from Crèche if unforeseen circumstances arise)

First Name _____ Surname _____

Relationship to Child _____

Contact Number _____

Medical conditions and special needs

Medical Conditions (e.g. epilepsy, asthma) _____

Any Allergies (e.g. foods, bee stings) _____

Special Needs _____

By signing this form I agree to the conditions detailed in the Parent/Carer Information sheet provided with this Enrolment Form in regard to my child attending the Margaret River Recreation Centre Crèche Service. In the case of an accident, I give permission for Crèche Staff to administer first aid to my child.

Parent/Carer Signature: _____ Date: _____

All information provided is confidential and will be used for Crèche records only.