

# CRECHE ENROLMENT FORM

**Please fully complete all parts of this enrolment form**

Members Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Contact Telephone Number

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

In the event that something happens to yourself whilst you are attending the club, please provide us with an emergency contact number.

Name: \_\_\_\_\_

Number: \_\_\_\_\_

## Medical History

Family Doctor: \_\_\_\_\_

Surgery Telephone Number: \_\_\_\_\_

Are all your child's immunisations up to date? **YES / NO**

If No, please provide us with further details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child suffer with any allergies? **YES / NO**

If yes, please can you state which ones?

\_\_\_\_\_  
\_\_\_\_\_

Is there any further information regarding your child's health that we should be aware of? (This includes any medication your child may need/take whilst in the Crèche)

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In order for the Crèche team to provide individual care for your child, are there any special requirements such as diet, clothing, religious considerations etc. we should be aware of?

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Is there any other information you would like to inform us of to ensure your child's stay is as happy as possible?

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Would you allow your child's photograph to be taken for training or display purposes only? **YES / NO**

If my/our child is injured whilst in the Crèche, I/we hereby give permission for qualified members of staff to administer first aid or make the decision to call further assistance. We will also make every effort to contact you immediately in the event of such an incident.

I/We also acknowledge the guidelines set out in this policy document and agree to adhere by these when utilising the Crèche facilities

Parent/Guardian  
(with parental responsibility): \_\_\_\_\_

Printed: \_\_\_\_\_

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