



CHILD ENROLMENT FORM - CRECHE

Childs Full Name:	Date of birth:	Age:
Child 2 :		
Child 3 :		
Child 4 :		
<u>(Please attach a Birth Certificate for each child)</u>		
Birth certificate Attached: yes / no		
Parents/Guardians Full Names:		
1.		
Address:		
Mobile:		
Email:		
2.		
Address:		
Mobile :		
Email:		
Preferred contact for Oasis Creche correspondence (please circle):		
Parent/Guardian 1 <u>or</u> Parent/Guardian 2		

<u>Medical details</u>
Medical condition / Allergies / Asthma / Other
Please provide details of medical condition:
Medication being taken:
Care Plan Attached: yes / no

<u>Emergency contact</u>	
Contact Name:	
Address:	
Telephone:	Mobile:

Secondary emergency contact (OTHER THAN PARENT OR GUARDIAN)

Contact Name:

Address:

Mobile:

I accept that I must stay on the premises while my child is in crèche care and I understand that I am responsible for my child whilst I attend the activity/course within the facility.

I understand and accept that it is my responsibly to respond immediately to my child in crèche care when paged by the centre staff.

I consent to medical treatment being obtained for my child in case of an emergency.

I have attached my child's Birth Certificate

I have provided an up to date Medical Care plan (if necessary)

Name:

Signature:

Date:

STAFF USE ONLY

Birth Certificate sighted by:

Scanned by;

Entered into Envibe by: