

Children's Details Form | Crèche

Responsible Person's Details

Date of Birth: ____/____/____

First Name: _____ Surname: _____

Address: _____ Suburb: _____

Phone Number: _____ Mobile: _____

Email: _____

Child 1

Age: _____

Name: _____ Date of Birth: ____/____/____

Is your child's immunisation up to date? ☐ Yes ☐ No

Are you aware of any health condition and/or medications that crèche staff should be aware of? ☐ Yes ☐ No

If yes, you must inform Crèche staff and complete a Medical Details Form.

Child 2

Age: _____

Name: _____ Date of Birth: ____/____/____

Is your child's immunisation up to date? ☐ Yes ☐ No

Are you aware of any health condition and/or medications that crèche staff should be aware of? ☐ Yes ☐ No

If yes, you must inform Crèche staff and complete a Medical Details Form.

Child 3

Age: _____

Name: _____ Date of Birth: ____/____/____

Is your child's immunisation up to date? ☐ Yes ☐ No

Are you aware of any health condition and/or medications that crèche staff should be aware of? ☐ Yes ☐ No

If yes, you must inform Crèche staff and complete a Medical Details Form.

Emergency Contacts (Not the same person as listed above)

Name: _____ Phone: _____

Name: _____ Phone: _____

Custody Details (If relevant): _____

Declaration

I, the undersigned, have read and understood the Terms and Conditions (see reverse of page) under which the crèche is provided by the City of Mandurah Recreation Centres. I acknowledge and recognise the possibility of injury or other damages connected with physical activity undertaken by myself or my child utilising the facilities or services and hereby release the City from liability unless the injury sustained by me or my child is as a result of the City's negligence. I further authorise the said officers or servants of the City of Mandurah to procure such medical assistance as they may determine in the event of any illness or accident which may occur to me or my charge, whilst attending the crèche, and agree to meet any expenses incurred therein.

Signature: _____ **Date:** _____

Terms and Conditions

1. **PASSES** – A crèche pass or passes must be purchased to attend any crèche session. Please be aware that crèche passes have the following expiry dates:

Single visit	1 day
3 Passes	3 months
6 Passes	6 months
9 Passes	6 months
12 Passes	6 months
15 Passes	12 months
50 Passes	12 months
100 Passes	24 months
2. **SESSIONS** – Crèche sessions are 2hours long. Each session requires 1 pass per child.
3. **DROP-OFF AND PICK-UP** – Children must be accompanied by a responsible person, over the age of 16 years, when entering and exiting the crèche drop off and pick up area.
4. **SIGNING IN and OUT**- Children must be signed in and out of the crèche. If you require someone else to collect your child/children you must let the crèche staff know.
5. **RESPONSIBLE PERSON** – I understand that I must remain in the centre the entire time that my child/children are in the centres crèche.
6. **AGE** – Children using the crèche should be between 8 weeks and 5 years Monday to Friday and up to 12 years on a Saturday and Tuesday PM.
7. **ILLNESS** – Sick children are not permitted in the crèche
8. **CONTACT/MEDICAL DETAILS** - I agree to supply any change of contact details or change of medical details to crèche staff
9. **Action Plans** – If your child has an action plan for Asthma, Anaphylaxis or Allergy, you must provide us with a photo of the child and the action plan. Medication must be brought to Creche for each session. Children will no be permitted in the Creche if they haven't brought their medication.

I have read and understand the Terms and Conditions and accept the policies of the City of Mandurah Recreation Centres.

Responsible Persons Signature: _____ **Date:** ____/____/____