

## MARC Creche Childrens Details Form

### 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:** \_\_\_\_\_

Staff use only:

Received: \_\_\_\_\_

ECM ID: \_\_\_\_\_

## Terms and Conditions

- PASSES** – A crèche pass or passes must be purchased to attend any crèche session. Passes are to be added to a CoM Toggle. 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
- SESSIONS** – Crèche sessions are up to 2hours long. Each session requires 1 pass per child. **Exceeding the time by 15mins will incur another pass being taken.**
- 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.
- SIGNING IN and OUT**- Children must be signed in and out of the crèche onto the Sign in/out sheet. If you require someone else to collect your child/children you must let the crèche staff know.
- RESPONSIBLE PERSON** – I understand that I must remain in the centre the entire time that my child/children are in the centres crèche.
- AGE** – Children using the crèche should be between 6 weeks and 5 years Monday to Friday and up to 12 years on a Saturday/Monday, Tuesday and Wednesday PM.
- ILLNESS** – Sick children are not permitted in the crèche
- CONTACT/MEDICAL DETAILS** - I agree to supply any change of contact details or change of medical details to crèche staff
- The Creche is a Nut Free area.
- You are required to return to the Creche immediately to collect your child in the event of staff informing you.**

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

**Responsible Persons Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_