



CRECHE REGISTRATION FORM

PERSONAL DETAILS

PARENT'S FIRST NAME: _____ FAMILY NAME: _____

CHILD'S FIRST NAME: _____ FAMILY NAME: _____

CHILD'S DATE OF BIRTH: ____ / ____ / ____ GENDER: MALE / FEMALE

HOME PHONE NUMBER: _____ MOBILE: _____

EMERGENCY CONTACT: _____ NUMBER: _____

RELATIONSHIP TO CHILD: _____

MEDICAL HISTORY

Please comment on any of the following that are applicable to your child:

Allergies: _____

Disabilities: _____

Serious Illnesses: _____

Medications: _____

Vaccinations: _____

Toilet habits: _____

Fears/Anxieties/Behavioural Problems: _____

Any further information that would assist us in caring for your child:

ACCEPTANCE OF CONDITIONS OF USE

- I accept that I must stay within the gym while my child attends crèche
- I understand that I am at all times responsible for my child while he/she attends the crèche
- I understand that I must immediately return to the crèche to attend to my child should I be requested to do so by the crèche
- I accept that sick children must not be brought into the crèche
- I consent to medical treatment being obtained for my child in an emergency

Signature: _____ Date: _____