



STARplex CRECHE ENROLMENT FORM 2010

Please note all information recorded is strictly confidential.

Child's Name: _____ Male/Female

Address: _____

Postcode: _____ Email Address: _____ Date of Birth: _____

Do you wish to go on a data base so any STARplex information can be emailed to you? YES/NO

Have you used this service before? YES/NO Where did you here about STARplex? _____
Mother/Guardian Father/Guardian Emergency Contact
(other than a parent)

Name: _____

Address: _____

Telephone: _____

Sibling 1: _____ Age: _____ Sibling 2: _____ Age: _____ Sibling 3: _____ Age: _____

*Please list any additional siblings overleaf.

Are your child's current immunisations up to date? YES NO (please circle)

Please note: If there is a communicable illness in the crèche, a notice will be placed on the wall above the sign-in sheet.

Does your child have any special medical condition ie. Allergies, disabilities? (please give details)

Should my child/children require urgent medical attention, I hereby authorise a staff member to obtain medical assistance either with an available medical practitioner or at a local Hospital at my expense and to notify me as soon as possible.

Signed: _____ Date: _____

Please note the parent or guardian who arrives with the child and signs them in, will be the only adult who may collect the child, unless prior arrangement has been made with a staff member, if in the case another adult is collecting a child, a current ID will be required for identification.

Signed: _____ Date: _____

I do/do not give permission for any photographs of my child/children to be used for publicity purposes.

Signed: _____ Date: _____

I accept responsibility in ensuring that I am aware of and adhere to the crèche guidelines. I am also aware that I need to read current newsletters which are located by the sign-in sheet.

Signed: _____ Date: _____