



Crèche Enrolment Form

Child's Name	
First Name	Surname
Parent's Name	
First Name	Surname
Address	
Telephone / mobile	Email
Important information relating to caring for your child Include details of toileting requirements (e.g.: nappies or toilet training) and any allergies or other special requirements	
Medication Include details of any medication the child is taking	
Administering medication is the responsibility of parents - not crèche staff However, this information may be required in the case of an emergency	
Emergency Adult Contact Please provide the name of another adult contact in the case of an emergency	
First Name	Surname
Address	
Telephone / mobile	
Acceptance of Conditions of Use <ul style="list-style-type: none">• I accept that I must stay within close proximity of the crèche while my child attends.• 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 crèche staff• I consent to medical treatment being obtained for my child in an emergency	
Signature	Date