

CRECHE – CHILD INFORMATION SHEET

Child's name:		DOB:	
Child's name:		DOB:	
Child's name:		DOB:	
Child's name:		DOB:	

Parent's name: _____

Address: _____ Suburb: _____ P/C: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact No: _____

Allergies: _____
 (please remind staff every time you visit crèche of your child's allergies or previous injuries)

Previous Injuries: _____

Toilet Training: NAPPIES POTTY TRAINED FULLY-TRAINED

Details: _____

Is all immunisation up-to-date: YES NO (please circle)

I give permission for staff to take photos of my child/ren for advertising purposes: YES NO (please circle)

- I accept that I must stay on the premises while my child/ren are using the crèche.
- I understand that I am 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 understand that I must sign my child IN and OUT at each crèche visit.
- I consent to medical treatment being obtained for my child in an emergency.
- I have read the information form, understand and agree with the conditions of using the crèche care.
- I accept that if my child is unwell, sick or has a fever I will not bring my child to the crèche.

Signature _____ Date: ____/____/____

I am aware that YMCA Perth has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt promptly and appropriately. Any allegation or disclosure of abuse, neglect or assault, including sexual assault, of an enrolled child will be reported to the Department of Child Protection.

I have read, understood and agree to the crèche Information Sheet and Creche Information Brochure. I understand that I can contact the Director if I have any questions relating to the Creche Information Brochure.

Signature _____ Date: ____/____/____

Privacy Statement

The YMCAWA acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in a YMCAWA children's service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents / guardians and the child enrolled in the program. By completing this form, the YMCAWA accepts that the parents / guardians of the child have consented for this information to be collected. The intended recipients of this information are the YMCAWA, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and YMCAWA Privacy Policy. As part of your enrolment with the YMCAWA, you will receive information from time to time regarding our programmes and services. The YMCAWA may also provide promotional material from our strategic partners, or any other third party, if you do not wish to receive this information please tick the "OPT OUT" box below and return this to the YMCAWA. Your name will be removed from the mailing list within a reasonable period of time.

