

# BLUEBOTTLES ENROLMENT FORM

DATE

OFFICE USE ONLY

PARENT/GUARDIAN 1:

CUSTOMERID

PARENT/GUARDIAN 2:

CUSTOMERID

PHONE& ADDRESS:

## EMERGENCY CONTACT

NAME:

RELATIONSHIP:

PHONE No:

## USING THE CRECHE

1. The Crèche is available for children from 6 weeks up to 5 years of age. Pre-school children can stay a maximum of 2 hours per day.
2. Staff must be informed if children are to be collected by anyone other than a parent/guardian. A permission to collect form must be completed for each occasion. Please see crèche staff for this form. Please also be aware that the person collecting your child will need to provide photo identification E.g. Drivers License/passport or two forms of other identification such as Medicare card or bank card upon collection of your child.
3. PLEASE REMAIN WITHIN THE CENTRE AT ALL TIMES. Please Note you may be called away from your activity if your child becomes distressed or needs urgent attention such a nappy change.
4. You need to sign your child in and out on every visit to the crèche.
5. Staff are entitled to refuse your child entry if they are sick or distressed. Children on antibiotics cannot come into the creche until 48 hours after their first dose. If your child has been vomiting or has diarrhea, please wait 24 hours before bringing them to the creche.
6. Please provide snacks that are EASY for the child to manage. E.g. Fruit sticks, biscuits, sandwiches. Please slice grapes to avoid choking. NO PEANUT BUTTER.
7. Label all food and drinks and place on the bench. Only food placed on this bench will be given to your child.
8. Please discourage children from bringing their own toys as this creates disharmony.
9. Please provide a pram for any children less than 1 years of age

## CHILD 1

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please tick which immunisation your child has received**

☐ 2 months      ☐ 4 months      ☐ 6 months      ☐ 18 months      ☐ 4 years

**Does your child have any allergies?** ☐ No ☐ Yes \_\_\_\_\_

**Does your child suffer from any of the following?**

☐ Epilepsy    ☐ Asthma    ☐ Diabetes    ☐ Other \_\_\_\_\_

**Is your child on medication?** ☐ No ☐ Yes \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

\_\_\_\_\_

## CHILD 2

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please tick which immunisation your child has received**

☐ 2 months      ☐ 4 months      ☐ 6 months      ☐ 18 months      ☐ 4 years

**Does your child have any allergies?** ☐ No ☐ Yes \_\_\_\_\_

**Does your child suffer from any of the following?**

☐ Epilepsy    ☐ Asthma    ☐ Diabetes    ☐ Other \_\_\_\_\_

**Is your child on medication?** ☐ No ☐ Yes \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

\_\_\_\_\_

## CHILD 3

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please tick which immunisation your child has received**

☐ 2 months      ☐ 4 months      ☐ 6 months      ☐ 18 months      ☐ 4 years

**Does your child have any allergies?** ☐ No ☐ Yes \_\_\_\_\_

**Does your child suffer from any of the following?**

☐ Epilepsy    ☐ Asthma    ☐ Diabetes    ☐ Other \_\_\_\_\_

**Is your child on medication?** ☐ No ☐ Yes \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL INFORMATION

**Are there any Family Court orders affecting custody of or access to your child?**

☐ No ☐ Yes \_\_\_\_\_

For more information visit  
[playfordaquadome.com.au/creche](http://playfordaquadome.com.au/creche)

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