

# Karratha Leisureplex CRÈCHE REGISTRATION

Child's Full Name  D.O.B

Parent/Guardian Full Name

Home Address

Contact Number

Second Parent/Guardian Full Name

Contact Number

## Immunisation Current

Yes  No  Comment

## Allergies/Illnesses

Allergy - Drug	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Allergy - Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Allergy - Insect	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Heart Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Intellectual Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Physical Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Info <input type="text"/>
Other			

## Emergency Contact/Authorisation to Collect Child

Full Name

Contact Number

I accept that I must stay on the KLP premises while using the Crèche and I understand that I must be available to respond to my child/ren if needed while I attend any classes, activity or programmes.

I have read the guidelines and I understand and agree with the conditions of using the KLP Crèche.

Parent's Signature

Date