

# 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

### Privacy Consent and Disclosure Form

The City of Karratha collects personal information on this form for the purpose of registering children for the Karratha Leisureplex Crèche, managing enrolments and attendance, providing safe and appropriate care, responding to medical or emergency situations, communicating with parents or guardians, and meeting legislative and operational requirements.

This collection is managed in accordance with the *Privacy and Responsible Information Sharing Act 2024* and the City's Privacy Statement.

Your information may be disclosed to authorised City staff, contractors, booking system providers, emergency services, medical professionals or other parties where authorised or required by law.

This information is required to support compliance with the *Child Care Services Regulations 2007 (WA)*, the *Children and Community Services Act 2004 (WA)*, the City of Karratha's Crèche Guidelines, relevant regulations and the *Freedom of Information Act 1992*.

By completing this form, you are acknowledging that the City will use your information for the purposes outlined above. You can request access to, or correction of, your personal information by emailing [enquiries@karratha.wa.gov.au](mailto:enquiries@karratha.wa.gov.au), or writing to PO Box 219, Karratha WA 6714.

If you do not provide the requested information, the City may be unable to register your child, provide crèche services, or respond appropriately to your child's health, care and emergency needs.

For more information about our privacy practices, please refer to the City's [Privacy Policy](#) and [Privacy Statement](#).