



Please use a separate form for each child

Child's name	
Given Name	Family Name
Date of birth	
Parent/Carer's name (person leaving and collecting child)	
Given Name	Family Name
Address	
Mobile:	Email:
Important information relating to caring for your Child/Medication	
<p>Include details of toileting requirements (e.g. nappies or toilet trained), timings for bottle-feeding if required and any allergies or other special requirements and any medication your child is taking that may be required in the case of an emergency.</p>	
Photography Consent	
<input type="checkbox"/> I give permission for my child to be photographed at Kalamunda Community Learning Centre and for these photographs to be used, if selected, for promotional purposes such as the Centre's website, Instagram and the private Facebook Group.	
<input type="checkbox"/> Please exclude my child from all photographs taken by the Centre.	
Emergency contact	
Given Name	Family Name
Address	
Mobile:	
Acceptance of conditions of use	
<ul style="list-style-type: none"> • I am currently enrolled in a course at Kalamunda Community Learning Centre. • I accept that I must stay on the same site as the crèche and be present in class at all times. • 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. • I am aware that there are children who attend the Kalamunda Community Learning Centre crèche who may not be immunised. By my signature hereunder, I acknowledge that I accept full responsibility for any illness or infection my child may contract by attending the crèche, which might be the direct result of no immunisation. I further confirm that I will indemnify Kalamunda Community Learning Centre in the event of any claims made against it for the attendance of my child at the crèche. 	
Signature	Date