



Karratha Leisureplex – Crèche Registration Form

Dampier Highway Karratha | T (08) 9186 8556 | F (08) 9185 1295

Child's Full Name: _____ **D.O.B** _____

Parent/Guardian: _____

Home Address: _____

Contact Number (Hm) _____ **(Mobile)** _____

Case of Emergency: _____

Contact number : _____

	Yes	No	Descriptive Information
1. Immunisation			
2. Allergy – Drug			
3. Allergy – Food			
4. Allergy – Insect			
5. Asthma			
6. Diabetes			
7. Epilepsy			
8. Heart Condition			
9. Migraine			
10. Intellectual Disability			
11. Physical Disability			
12. Other			
	Yes	No	
13. Does your child require medication throughout the day, eg, prescription drugs, if so please give these to the crèche staff with instructions of use?			
14. Does your child wear a medic alert bracelet or charm?			
15. Does your child have any special food requirements ?			

Acceptance of Conditions of Use

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:** _____