**Child Care Registration Form : Date:**

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **M/F** | **DOB** |
| **1)** | **M/F** |  |
| **2)** | **M/F** |  |
| **3)** | **M/F** |  |
| **4)** | **M/F** |  |

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The child lives with** 🞏**Mother** 🞏**Father** 🞏**Both**

**Are there any COURT ORDERS relating to the powers & responsibilities of the parents in relation to the child or access?** 🞏**Yes** 🞏**No**

**2nd Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Holiday Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**: to be notified if parent or guardian named above cannot collect or be contacted.

|  |  |
| --- | --- |
| **OTHER PERSON AUTHORISED TO COLLECT CHILDREN**  In the event that the named parent/guardian is UNABLE TO:  **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OTHER PERSONS WHO CAN ACCEPT RESPONSIBILITY**  In the event parent/guardians unavailable and child has an illness/accident, or requires medication  **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship to child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL AND HEALTH INFORMATION: Name of Doctor/Medical Service:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency your child will be taken via Ambulance to ROYAL CHILDREN”S HOSPITAL, Flemington Road, Parkville 93454422 or MONASH MEDICAL CENTRE, 246 Clayton Road, Clayton 9594

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 | Child 4 |
| Is your child immunised according to the current Australian Schedule? | Yes/No | Yes/No | Yes/No | Yes/No |
| Has your child been well for the last 36 hours? | Yes/No | Yes/No | Yes/No | Yes/No |
| Is your child at risk of anaphylaxis (allergic reaction to foods or other substances)? | Yes/No | Yes/No | Yes/No | Yes/No |
| Does your child have any medical condition eg asthma, epilepsy, etc? | Yes/No | Yes/No | Yes/No | Yes/No |

**DETAILS OF DIETARY REQUIREMENTS, ALLERGIES (INC FOOD), MEDICATION, CONDITIONS OR NEEDS. MANAGEMENT PROCEDURE TO BE FOLLOWED. If your child is at risk of anaphylaxis please complete the attached form. (Anaphylaxis Policy and Procedures to be followed by staff)**

**Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION and CONSENT TO EMERGENCY MEDICAL TREATMENT**

I have read and fully understand all the guidelines and procedures of this crèche and I agree to abide by at all times when using this facility. I understand fully that I am totally responsible for the care of my child/ren in the crèche and am aware that I will be contacted immediately should my child/ren need anything ie nappy change, food, comforting etc and I must return immediately to the crèche to do so. I give consent for the children’s service to seek emergency medical treatment by a medical practitioner, hospital or ambulance. **I am at least 18 years of age.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent / Guardian Print Name Signed on this Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Staff Witness Print Name Signed on this Date**