****

**2017 CRECHE ENROLMENT FORM**

**CHILD’s DETAILS**

**FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMIL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F (please circle

**PARENT/CARER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH**

Does your child have any allergies? (EG. Sunscreens, Antiseptics, Band-Aids etc.) YES/NO

Is your child receiving regular medication? YES/NO – Details

Does your child have any medical conditions? YES/NO – Details

Are your child’s immunisations up to date? YES/NO (if no please inform the nannies)

*NB: There may be an unimmunised child at any time using the crèche.*

**MEALTIME/FEEDS:**

Does your child have any food/liquid allergies? YES/NO – Details

Is your child breastfed? YES/NO – how often

Is your child bottle-fed? YES/NO – how often

Is there anything you would prefer your child not to eat? YES/NO

**SLEEP PATTERNS**

Does your child have a morning sleep? YES/NO Time\_\_\_\_\_\_\_\_

Does your child have a toy or comforter? YES/NO

Does your child have a bottle before or after going to bed? YES/NO

How do you settle your child to sleep? (Eg. Positons, patting etc.)

**TOILETING**

Is your child in: Nappies YES/NO

 In the process of being toilet trained? YES/NO

 In nappies for sleep only? YES/NO

 Fully toilet trained? YES/NO

**SETTLING**

What is the best way to settle your child when they become distressed?

Does your child have a dummy or other comforter? YES/NO

What toys/activities does your child most enjoy?

**LANGUAGE**

Does your child use special words for different things? (Eg. toilet, sleep) YES/NO

I/We,…………………………………………………..the parent(s)/guardian(s) of the above named child hereby give/do not give **Shoalhaven Defence Families Association** permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above, taken at Kookaburra Retreat or associated events, on behalf of the **Shoalhaven Defence Families Association,** for any of the following uses: advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM.** IT WILL BE A GREAT HELP TO THE NANNIES WHO WILL BE LOOKING AFTER YOUR CHILD/REN.

PLEASE WRITE HERE ANY OTHER INFORMATION ABOUT YOUR CHILD THAT YOU’D LIKE THE NANNIES TO KNOW**.**