



### CRECHE ENROLMENT FORM

NAME OF PARENT/ GUARDIAN	
ADDRESS	
PHONE	
EMAIL	
OTHER EMERGENCY CONTACT NAME	
PHONE	

NAME OF CHILD	
BIRTHDATE	
MEDICAL CONDITIONS	
ALLERGIES	
ANY OTHER RELAVANT INFORMATION	

NAME OF CHILD	
BIRTHDATE	
MEDICAL CONDITIONS	
ALLERGIES	
ANY OTHER RELAVANT INFORMATION	

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BIRTHDATE	
MEDICAL CONDITIONS	
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ANY OTHER RELAVANT INFORMATION	

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_

STAFF MEMBER SIGNATURE \_\_\_\_\_