



If you need help lodging your form, contact us		Office use only		
Email	council@northernbeaches.nsw.gov.au	Form ID	4087	
Phone	1300 434 434	TRIM Ref		
Customer Service Centres	Manly Townhall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	26 September 2017
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Property
			Application No.	
			Receipt No.	

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

Welcome

Welcome to the MABC Aquatic Centre Crèche. In order to provide a safe, happy environment for your child we have made a few rules by which we ask everyone to abide:

- Parents/Guardians must remain within MABC at all times whilst your child is in Crèche.
- Children with an infectious condition cannot be accepted into childcare.
- All bottles and dummies must be clearly named.
- Children cannot stay in the Crèche for any period exceeding 2 hours.
- No food is permitted in the Crèche.
- Parents/Guardians must return to the Crèche to attend to your child if asked to do so by staff.
- Staff must be informed if a child is being collected by anyone other than parents/guardians noted on this enrolment.

Please complete the following form and notify staff of any changes.

Part 1: Parent Details

Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other		
First Name			
Last Name			
Address			
Mobile Phone		Date of Birth (dd/mm/yyyy)	
Email			
Alternate Emergency Contact			
Phone Number		Relationship to Child/ren	

Part 2: Child/ren Details

Child 1: Full Name							
Date of Birth (dd/mm/yyyy)		Age		Gender		Medical Conditions	
Child 2: Full Name							
Date of Birth (dd/mm/yyyy)		Age		Gender		Medical Conditions	
Child 3: Full Name							
Date of Birth (dd/mm/yyyy)		Age		Gender		Medical Conditions	

Part 3: Additional Details

Has your child been immunised to date?	Yes	No
Does your child have any allergies? If yes, describe below.	Yes	No
Any additional medical information to notify us of? If yes, describe below.	Yes	No
Are there any court orders affecting the custody or access to the child the staff need to be aware of? If yes, describe below.	Yes	No

Part 4: Declaration

Declaration and Signature			
<ul style="list-style-type: none"> I understand that I am at all times responsible for my child whilst he/she attends the Crèche. I authorise the staff to seek necessary emergency medical treatment, or ambulance service in the event of illness or accident occurring to my child. I will pay any medical and transport costs arising from such an action. 			
Parent/Guardian Signature			Date