



## Village Registration Form

<b>PARENT/CARER INFORMATION</b>				
Last Name				
First Name				
Street Address				
Suburb		State	WA	PC
Mobile				
Email Address				
Any special food allergies				
<b>EMERGENCY CONTACT</b>				
Name				
Mobile				
<b>CHILD/REN INFORMATION</b>				
Last Name		First Name		
Date of Birth		Male/Female		
Allergies/Food Sensitivities				
Known Medical Conditions				
Any Special Needs				
Last Name		First Name		
Date of Birth		Male/Female		
Allergies/Food Sensitivities				
Known Medical Conditions				
Any Special Needs				
<b>CONDITIONS</b>				
Creche workers will return the child to the parent/carer if they are unwell, require comfort, a nappy change or have been injured. I consent to medical treatment being obtained for my child in an emergency.				
I give permission for my child/ren to be photographed and for these photographs to be used on social media <input type="checkbox"/>				
<b>SIGNATURE</b>				
Parent/Carer				Date