



CRECHE CHILDREN-PARENT BOOKING FORM

ANZCA ASM 29 April - 3 MAY 2022

Please return completed form to:
perth@dialanangelperth.com

For further information please call:
+61 8 9364 5488

BOOKING DETAILS

Child's first name: Surname: Date of birth: Age:

DATE	Morning session 8am-1pm (tick sessions required)	Afternoon session 12.30-5.30pm (tick sessions required)	All day 8am-5.30pm (tick sessions required)
Friday 29 April <i>*Based on expressions of interest and minimum numbers</i>	List requested time	List requested time	List requested time
Saturday 30 April			
Saturday 30 April College Ceremony (6-7.30pm) <i>*Based on expressions of interest and minimum numbers</i>		List requested time	
Sunday 1 May			
Monday 2 May			
Tuesday 3 May			

PARENT/GUARDIAN'S NAMES

First name: Surname: Mobile: Email:

Address:

Child's name	Important information relating to caring for child <i>Include details of toileting requirements (e.g. nappies or toilet training) and or other special requirement</i>	Important information relating to any allergies	Medication <i>Include details of any medication the child is taking</i>

Administrating medication is the responsibility of parents – not crèche staff. However, this information may be required in the case of an emergency.

EMERGENCY ADULT CONTACT

Please provide the name of another adult contact in the case of an emergency.

First name: _____ Surname: _____ Telephone: _____ Mobile: _____

Address: _____

PAYMENT DETAILS

Name on card: _____

Type: _____ CC number: _____ Exp: _____
 MASTER CARD VISA AMEX

Booking charges

\$65 for half day and \$80 for full day

**Workshop day (Friday 29 April) and College Ceremony (Saturday 30 April) based on expressions of interest and minimum numbers*

Cancellation policy

Charges will still apply if cancellation of a position is made with less than 24 hours' notice.

Acceptance of conditions of crèche use:

- I accept that I will not leave the Perth Convention Exhibition Centre while my child is in the crèche.
- I understand that I am at all times responsible for my child while they attend the crèche.
- I understand that I must immediately return to the crèche to attend to my child should I be requested to do so by crèche staff.
- I consent to medical treatment being obtained for my child in an emergency
- I accept and agree to comply with all requirements and guidelines contained within the "DIAL AN ANGEL PERTH CRECHE PARENT INFORMATION SHEET".

Signature: _____ Date: _____

