

Child's Details

Child's given name:

Surname:

Date of birth:

Gender:

Male

Female

Child's CRN (to claim CCB &/or CCR):

Year/Class (2016):

Year/Class (2017):

Year/Class (2018):

Please outline your child's current residential arrangements:

Street address:

Suburb:

State:

Post code:

Home phone:

Country of birth:

Languages spoken at home (other than english):

Religion:

Is your child of Aboriginal or Torres Strait Islander background?:

Yes

No

Is your child fully immunised?

Yes

No

Please tick if your child:

has a court order, parenting plan/order in place involving them

has a court order relating specifically to residential arrangements

has a court order relating to contact with a specific person

Other

Medical Information

Does your child suffer from any of the following:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> High/low blood pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fits or blackouts |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sight/hearing problems |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Eczema | <input type="checkbox"/> Adverse reaction to drugs |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other <input type="text"/> |

If you ticked any of the above please give further details:

Signs and symptoms:

Treatment:

FOR CHRONIC OR LIFE THREATENING CONDITIONS, FURTHER FORMS DETAILING ACTIONS PLAN ETC. ARE REQUIRED

All medication is to be kept in the office or first aid kit and administered by staff. Children are not able to self administer medication.

If medication is required further medication permission forms need to be completed and signed before staff can administer medication.

Does your child have any specific dietary requirements?:

Has this child been diagnosed or is currently undergoing diagnosis for a disability or special needs?:

Are there any specific cultural or religious requirements for your child that we need to be aware of:

Does your child have any fears or phobias?

Can you tell us about your child's interests and hobbies?

Consent: do you give permission for the following?

- your child to have their face painted
- temporary tattoos on occasion
- hairspray on occasion
- your child to be photographed for the purpose of displaying the centre and learning in newsletters, emails to parents, website etc.
- your child to watch PG rated programs (TV, DVD, movies)
- your child to participate in short excursions away from the centre within surrounding areas e.g. Spider Park

Please sign to acknowledge the above consents:

Signature:	<div style="border: 1px solid black; height: 15px;"></div>	Date (2016):	<div style="border: 1px solid black; height: 15px;"></div>
Signature:	<div style="border: 1px solid black; height: 15px;"></div>	Date (2017):	<div style="border: 1px solid black; height: 15px;"></div>
Signature:	<div style="border: 1px solid black; height: 15px;"></div>	Date (2018):	<div style="border: 1px solid black; height: 15px;"></div>