



Crèche/ Mover's and Groover's Individual Child Details

OFFICE USE ONLY

Initial enrolment processed Data entry completed

Child's Details

Surname: _____ Given Name(s): _____

Date of Birth: ___/___/___ Male / Female (please circle)

Child's Home Language: _____

Does your child have religious / cultural requirements? **Yes / No** (please circle)

If Yes, please specify: _____

Parenting Orders

Are there any parenting orders and/or parenting plans under the Family Law Act 1975 (CWLTH) that pertains to this child? **Yes / No** (please circle)

If Yes, please specify details (a copy of the plan / order will be required)

Permissions

I give permission for my child's photograph to be taken and used at the Service. **Yes / No**
(please circle)

I give permission for my child's photograph to be taken and used for media releases. **Yes / No**
(please circle)

Child's Interests

To ensure we deliver a program of activities that is of interest to your child please let us know what interests or hobbies your child has.

Allergies

Does your child suffer from allergies? **Yes / No** (please circle)

If Yes,

- What initiates and allergic reaction? _____
- What happens during an allergic reaction? _____
- How would you like us to manage an allergic reaction? _____
- What medication, if any does your child take for the allergy? _____
- Does your child have a current written allergy management plan? **Yes / No** (please circle)

Immunisation

Is your child's immunisation status up to date? **Yes / No** (please circle)

If No, please note that your Childcare Benefit may be affected.

Asthma

Does your child suffer from asthma?

Yes / No (please circle)

If Yes,

How does asthma affect your child? _____

What medication, if any, does your child take for asthma? _____

Does your child have a current written asthma management plan? **Yes / No** (please circle)

If Yes, please provide a copy of the plan.

Other Medical Conditions

Please circle if your child suffers from any of the following:

Diabetes Epilepsy Phobias Heart Problems Autism ADD ADHD
Behavioural Disorders Learning/Developmental Difficulties Psychological Disorders
Aspergers Syndrome Intellectual Disabilities Physical Disabilities Speech Impairments
Sensory Impairments Other: _____

If you have indicated that your child has a medical condition above you must provide the following information. (Additional pages can be attached)

Condition: _____

Symptoms: _____

Treatment / management of condition: _____

Condition: _____

Symptoms: _____

Treatment / management of condition: _____

Parents' / Guardians' Home Language

Please state languages, other than English, that are spoken at home: _____

Additional Information

Is there any other additional information we ought to know in order to provide the best quality of care for your child? _____

Parent's Authorisation

I submit the stated medical details to be a true reflection of my child's current state of health. I understand that these details may affect my child whilst in your care, and as such I agree to notify the program of any relevant changes in my child's health.

Parent / Guardian Signature: _____ Date: ___/___/___

Print Name: _____