

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

SUBURB: _____ POSTCODE: _____

RESIDES WITH: _____

DOB: ____/____/____ MALE FEMALE

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

WHAT YEAR DID YOUR CHILD START PREP: _____ GRADE: _____

2. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions or disability? NO YES

If yes, please provide details: _____

Does your child require regular medication? NO YES

If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.

Does your child have any allergies? NO YES (If yes, please provide details below)

MILD SEVERE ANAPHYLAXIS _____

Please provide details of any allergy management plans relating to your child

Does your child experience asthma? NO YES (If yes, indicate severity)

MILD SEVERE

Please provide details of any asthma management plans relating to your child

Immunisation Status:

A condition of enrolment is to supply us with a Immunisation History Statement.
You can obtain this through your MYGOV account or Medicare App.
A General Medical Practitioner is also able to supply a detailed letter of history.

I have attached Immunisation History Statement YES NO

If your child's immunization status is not up to date, your eligibility to receive Child Care Subsidy may be affected

Does your child have any specific dietary requirements? NO YES

Does your child have any food intolerances or allergies? NO YES

If yes, is the intolerance/allergy life threatening? NO YES

Please provide details of any food intolerance/allergy management plans relating to your child

3. MEDICAL PRACTITIONER DETAILS

Doctor's Name: _____

Surgery/Practice Name: _____

Address: _____

Phone number: _____

Family Medicare No: _____ Child Ref No: _____

4. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan? NO YES

Are there any behaviors that staff should be aware of? NO YES

Are there any identifiable triggers to the behaviour? NO YES

Please provide a copy of any Positive Behaviour Support plans relating to your child

FEES AND CHARGES

Before School Care \$18-00 per child Casual Rate \$21.00
(includes Breakfast)

After School Care \$22-00 per child Casual Rate \$25.00
(includes Afternoon Tea)

Vacation Care \$50-00 per child for a Service Day
\$60-00 per child for an Incursion Day
\$65-00 per child for an Excursion Day

Late Collection after 6pm \$25.00 per 15 minute or part thereof (per family)
Non-cancellation Fee \$5.00

5. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs? NO YES

Does your child have any dislikes, fears or phobias? NO YES

Is your child of Aboriginal descent? NO YES

Is your child of Torres Strait Islander descent? NO YES

Is your child from a non-English speaking background? NO YES

COUNTRY OF BIRTH: _____

ALL ABOUT ME

MY FAVOURITE FOOD _____

MY FAVOURITE ANIMAL _____

MY FAVOURITE BAND/SONG _____

A SPORT OR SPORTS I LIKE _____

WHAT ACTIVITIES I DO _____