

# CHILD 3.

Child's Name :

CRN:

Address:

D.O.B:

Male  Female

## DAILY CARE REQUIRMENTS

Proposed Commencement Date:

Days of attendance (please  required days):  Monday  Tuesday  Wednesday  Thursday  Friday

Reason for care (please  required days):  Working  Studying  Respite  Seeking Work  Other

## SCHOOL CARE REQUIREMENTS

Proposed Commencement Date:

Name of School child attends:

### Before School

Days of attendance (please  required days):  Monday  Tuesday  Wednesday  Thursday  Friday

### After School

Days of attendance (please  required days):  Monday  Tuesday  Wednesday  Thursday  Friday

## MEDICAL DETAILS

Does your child suffer from any of the following impairments?

Hearing

Speech

Vision

Mobility

Physical

Intellectual or Sensory

Seizures

Behavioural Issues

Non Dietary Allergies

Dietary Allergies

Asthma

Other

Has your child been diagnosed as being at risk of Anaphylaxis?  Yes  No If yes, please attach management plan

If any of the above items have been ticked, please provide detailed information

\* Dietary allergies must be verified by completion of the "individual food requirements" form complete with this childs doctors signature.

## Child's Immunisation Record

Has this child been immunised?  Yes  No

If yes please attach a copy of the

a) history statement. (A copy can be obtained by calling 1800 653 809);

Or

b) immunisation record

If No, please NOTE that your childs CCB may be affected / cancelled and your child may be excluded from care in the event of an infectious disease outbreak.

## Childs Health Records

Have the Childs Health Records been sighted?

Yes  No

## Medical Practitioner Details

Name of Doctor:

Name of Clinic:

Address:

Telephone Number:

Ambulance Membership No:  
(Ambulance Membership is strongly recommended)

Do you consent to the Centre contacting the above providers in case of an emergency.

Medicare Number:

Yes  No

## CULTURAL INFORMATION

Is this child an Aboriginal or Torres or Strait Islander?

Yes  No

Do you give permission for your child to participate in various traditional and multi cultural activities and celebrations?

Yes  No

If "No" which activities / celebrations do you wish your child to be excluded from:

What language(s) does your child speak at home?

## COURT ORDERS

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?  Yes  No

If Yes – please attach a copy to this enrolment form and complete the following

If these orders:

a. Change the powers of a parent / guardian to:

- In an Emergency authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child, and / or

b. Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers: