

Child/Children's Details and Booking Information

Child Details

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|--|--|------------------------|-----------------------|--------------------------|
| First Name: | | M/F | Date of Birth: | |
| Surname: | | | | |
| Address: | | | | |
| Child CRN: | | | Class/Grade: | |
| Indigenous Status | | | | |
| Aboriginal | | Torres Strait Islander | | Aboriginal & TS Islander |
| Country of Birth: | | | Religion | |
| Language spoken at home - English <input type="checkbox"/> | | | Other: please specify | |
| Immunisation Status: | | Immunised | Not Immunised | |

Booking Information

Booking Start Date:

| | | | | | | | |
|--|--|--|---------|---|----------|--|--|
| Permanent Booking : Set Days <input type="checkbox"/> | | Roster <input type="checkbox"/> | | Fortnightly <input type="checkbox"/> | | Casual Booking <input type="checkbox"/> | |
| Please tick for Set Permanent days | | Monday | Tuesday | Wednesday | Thursday | Friday | |
| BSC | | | | | | | |
| ASC | | | | | | | |
| Vacation Care <input type="checkbox"/> Please complete specific Vacation Care booking form for each holiday period | | | | | | | |

Allergies/Medication/Dietary Considerations

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|--|---|---|
| 1. Does your child have or has had asthma/allergies/seizures? Please specify | Y | N |
| 2. Does your child have a disability/special needs? Please specify | Y | N |
| 3. Does your child take prescribed medication on a regular basis? Please specify | Y | N |
| 4. Does your child have any special dietary requirement? Please specify | Y | N |
| 5. Does your child have any Cultural or Religious requirements? Please specify | Y | N |
| Any other comments regarding their health, behavior or other requirements? eg concerns about their development etc. | | |
| Please note that if your child has a long term illness eg epilepsy, asthma, severe allergies or disabilities Helping Hands requires you to complete a medical management plan, or supply one from your doctor, which details any medication required, it's administration and procedures for emergencies | | |

Children's Interests

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| Please outline any other information that may help us in the care of your child or assist us with programming. Eg interests, favorite activities, excessive fears etc |
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