

**Second Child Details**

<b>Child's Name:</b> ..... <b>Surname:</b> ..... <b>Date of Birth:</b> / / <b>Gender:</b> Male / Female <b>CRN:</b> ..... <b>Residential Address:</b> ..... ..... <b>Post Code:</b> .....
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- Has your child already attended another **approved** child care service in the current financial year? **Yes or No** .....
- *If you answered "Yes" to the above you must inform us in writing the number of allowable absences your child has used over the current financial year from any other approved service, updating these records when absences are taken at all approved services.*
- Will your child be continuing to attend another approved child care service? **Yes or No**
- *If you answered "Yes", what is **the total number of hours per week** you are charged for your child at this other service?.....*
- **How many of your other children attend or will be attending an approved Long day care, Family day care or licensed Out of School Hours Care in the same week?**  
.....

1. Name..... DOB.....

Service attending.....

2. Name..... DOB.....

Service attending.....

**Your Child's Health**

**Does your child have Allergies?** .....

**Is your child receiving any long term medication?** .....

**Does your child have any special needs (eg special needs relating to a disability)?**  
.....

**Any past serious injuries or history of ill health?** .....

.....

**Asthma**

Does your child have asthma? Yes..... No.....

**If you have answered yes, please complete the following:** In the last 12 months, has your child had an episode of wheezing? Yes/No

If your child regularly takes medication to manage asthma, please indicate the medication, the dosage, the frequency and the method of administration.

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Type of medication and dosage to be used when symptoms develop.

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Describe the symptoms which indicate that your child is having an asthma attack.

.....

Procedure for staff to follow if your child has an asthma attack.

.....

***I hereby give permission for my child to be administered Ventolin if he/she has an asthma attack while at the Centre. (Ventolin and a volumatic spacer from the Centre's first aid kit are available for use in the event of a child having an asthma attack at the Centre and being without his/her own medication.)***

Parent's Signature: ..... Date: .....

**PLEASE INFORM STAFF OF ANY CHANGES TO YOUR CHILD'S ASTHMA CONDITION OR TREATMENT**

**Immunisation**

Please supply a copy of your child's Immunisations which can be obtained from the Australian Immunisation Register and attach it to the enrolment form.

Ph 1800 653 809

**About Your Child**

- Does your child have any special requirements such as cultural or religious requirements?  
.....  
.....
- What is the Primary Language of your family? .....
- Does your family have an Aboriginal or Torres Strait Islander back ground? Yes/No

**Other parent comments**

.....

.....

**Booked Days**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Before School</b>					
<b>After School</b>					
<b>Vacation Care</b>	<b>Dates -</b>				

# ABOUT YOU!

Write the answers or draw a picture!

When you have finished this page you can hand it to a member of staff. This information will be used to help us plan programs and activities that you will enjoy learning from!

What do you like to do when you go home after school?

What sorts of activities do you like to do outdoors?

What sorts of activities do you like to do indoors?

What are your favourite healthy foods?

Is there anything that you would like the staff to know about you?

Name: \_\_\_\_\_

Thank you.