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**IN-**

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**FAMILY DAY CARE ENROLMENT FORM**

[**http://www.mildura.vic.gov.au/familydaycare**](http://www.mildura.vic.gov.au/familydaycare)

*A parent who has ‘parental responsibility’ in relation to the child must complete this form. A brief explanation of this responsibility is found at the end of this form. The licensed Children’s Services must collect the child’s enrolment information in this form, as required by the Education and Care Services Regulations 2011.*

**PLEASE FILL OUT ALL SHADED AREAS AS THESE ARE REQUIRED FIELDS.**

**PLEASE DO NOT USE TERMS SUCH AS “NOT APPLICABLE”, “N/A”, “AS ABOVE”**

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| Child’s Given Names |  | | | Child’s Surname |  | | | | |
| Date of Birth |  | | | Gender | MaleFemale | | | | |
| Child’s Medicare Care Number |  | | | Child’s Number on card |  | | | | |
| Address (Street No) |  | | | (Street Name) |  | | | | |
| Suburb |  | | | State |  | | | Postcode |  |
| Child’s Country of Birth |  | | | | | | | | |
| Child’s Cultural Background  e.g. Australian, Turkish, Italian etc. | |  | | Language Spoken at Home | |  | | | |
| Aboriginal descent? | | Yes  / No  *(Please tick)* | | | | | | | |
| Torres Strait Islander descent? | | Yes  / No  *(Please tick)* | | | | | | | |
|  | | | | | | | | | |
| **Childcare Subsidy** | | | | | | | | | | |
| Childs CRN | | |  | | | | | | | |
| Parents CRN | | |  | | | | | | | |
| Parent’s name connected with CRN | | |  | | | | | | | |
| Are you claiming Child Care Subsidy? | | | | | | | Yes  /No  *(Please tick)* | | | |
| Does your child attend another Childcare service? | | | | | | | Yes  /No  *(Please tick)* | | | |
| If Yes, how many hours of CCS are allocated to this other service? | | |  | | | | | | | |

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| What is your main reason for using the service? |  |
| Required start date |  |

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| **Child’s Medical and Health Information** | | | | | | | | | | |
| Medical Practitioner or Service |  | | | | Phone |  | | | | |
| Address  (Street No.) |  | (Street Name) |  | | | | | | | |
| Suburb |  | | | State |  | | | Postcode | |  |
| Maternal and Child Health Record book | Yes  / No | | Sighted by | |  | | Date | |  | |

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| **IMPORTANT: Please complete all sections below and supply a management plan if applicable. No care will commence if child is at risk until management plan has been received and risk assessment has been completed by the service.** | | |
| Does your child have any diagnosed **Ongoing Medical Conditions?** | | Yes  / No  *(Please tick)* |
| If **yes** please provide details of any medical condition and attach a **medical** **management plan signed by your child’s medical practitioner** (asthma requires a current coloured photo of your child) to be followed in respect to the medical condition.  This will need to be updated by your doctor as any changes occur. | | |
| Date service was notified by parent of medical condition:  Date Management Plan was received: | Date risk assessment completed:  Date Update Due: | |
| Does your child have any **Dietary Restrictions?** | | Yes  / No  *(Please tick)* |
| If **yes** please provide details of any dietary restrictions and attach a **management procedure** to be followed in respect to the dietary restriction. | | |
| Date service was notified by parent of dietary restriction:  Date Management Procedure was received: | Date risk assessment completed:  Date Update Due: | |
| Does your child have an **Allergy/Sensitivity?** | | Yes  / No  *(Please tick)* |
| If **yes** please provide details of any allergy/sensitivity and attach a **medical** **management plan signed by your child’s medical practitioner** to be followed in respect to the allergy/sensitivity.  This will need to be updated by your doctor or as any changes occur. | | |
| Date service was notified by parent of allergy/sensitivity:  Date Management Plan was received: | Date risk assessment completed:  Date Update Due: | |
| Has your child been diagnosed at risk of **Anaphylaxis?** | | Yes  / No  *(Please tick)* |
| Does your child have an auto injection device? (e.g. EpiPen)Yes  / No  *(Please tick)*  If **yes** please provide details of anaphylaxis and attach a **medical** **management plan signed by your child’s medical practitioner** with a current coloured photo of your child to be followed in respect to the medical condition. | | |
| Date service was notified by parent of anaphylaxis:  Date Management Plan was received: | Date risk assessment completed:  Date Update Due: | |
| Does your child have a **Disability/Additional Needs?** | | Yes  / No  *(Please tick)* |
| If **yes** please provide details of any special needs/disability and any **management procedures** to be followed in respect to the disability/special need. *(e.g. Down Syndrome, Behavioural issues, Speech delay, Autism etc.)* | | |
| Date service was notified by parent of Disability/Additional Need:  Date Management Procedure was received: | Date risk assessment completed:  Date Update Due: | |
| Is there any **other information** the service should know about the child? E.g. Cultural/Religious practices, Early Intervention service, excessive fears. etc. | | Yes  / No  *(Please tick)* |
|  | | |
| *Does the child have a need for additional assistance in any of the following areas, compared to children of a similar age, which is related to an underlying long term (lasting more than 6 months) health condition or disability?*   * **Learning and applying knowledge, education** * **Communication** * **Mobility** * **Self-Care** * **Interpersonal interactions and relationships** * **Other-including general tasks, domestic life, community and social life**   *Date service was notified by parent of disability/additional needs:* | | *(Please tick)*  Yes  / No  Yes  / No  Yes  / No  Yes  / No  Yes  / No  Yes  / No |
| *Children with special needs are those from the priority groups listed below.*  *Please advise if you fall within this category*   * **Children from culturally and linguistically diverse backgrounds** * **Children with a refugee background who have been subjected to trauma** * **Indigenous children** * **The child’s place has been sought by a state or territory child protection worker** * **The child is in the care of the state, or other forms of out of home care**   *Date service was notified by parent of special needs:* | | *(Please tick)*  Yes  / No  Yes  / No  Yes  / No  Yes  / No  Yes  / No |

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| **Court Orders Relating To Your Child** | | | | | | |
| Are there any court orders, parenting orders and/or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child? | | | | | Yes/ No | |
| Are there any court orders, parenting orders and/or parenting plans in relation to the child’s residence or the child’s contact with a parent or other person? | | | | | Yes/ No | |
| If No – go to next section.  **If Yes for either – please complete the following:** | | | | | | |
| Details of orders/plans | | | | | | |
|  | | | | | | |
| **Please bring the original court order/s for Service to copy and attach to this enrolment form.** | | | | | | |
| **Date received by service** |  | **Parents signature** |  | **Staff Receiving Signature** | |  |
|  | | | | | | |
| *If these orders/plans: a) change the powers of a parent to:*   * *Authorise the taking of the child outside the service by a staff member of the service;* * *Consent to the medical treatment of your child;* * *Request or permit the administration of medication to the child;* * *Collect the child from the service;*   *b) give these powers to someone else,*  *Please describe these changes and provide the contact details of any person given these powers:* | | | | | | |

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| **Child’s Immunisation Record** | | | | | |
| Is your child up to date with the recommended immunisation schedule for the child’s age? | | | | | Yes/ No *(Please tick)* |
| Is your child on a catch up schedule for vaccinations? | | | | | Yes/ No *(Please tick)* |
| Has your child got a medical reason not to be vaccinated? | | | | | Yes/ No *(Please tick)* |
| **Please provide a copy of your Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR Statement).**  Date Copy Received: | | | | | |
| There are next due immunisations on my child’s statement. | | | | | Yes/ No *(Please tick)* |
| **For further information on immunisation, please read the ‘Starting Childcare or Kindergarten? Immunisation for parents enrolling a child’**  **Note: If you are experiencing difficulties accessing immunisation services and documentation, please ask if you are eligible for the 16 week grace period.** | | | | | |
| ***Office Use Only*** | | | | | |
| **Childs Name** | **Key Date 1** | **Key Date 2** | | **Key Date 3** | **Enrolment** |
|  | First date child will attend service | Date 2 months prior to child first attending service | | Date of next immunisation | Is key date 3 after key date 2? |
|  |  | |  | Yes  – Enrolment can be confirmed  No – Do not confirm enrolment |
| Is this child School Aged? | | | | If yes, confirm enrolment | Yes/ No |
| Is child eligible for grace period? | | | | | Yes/ No |
|  | | | **If yes:** Date child will first attend the service | |  |
| Date the grace period ends (16 weeks after date child first attends) | | | | |  |
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| **Booking Requirements**  Full Time  Part Time  Roster  Casual/ on call | | | |
| **DAYS AND TIMES OF CARE REQUIRED** | | **KINDER CHILDREN** | |
| Monday | am/pm to       am/pm | Monday | am/pm to      am/pm |
| Tuesday | am/pm to       am/pm | Tuesday | am/pm to      am/pm |
| Wednesday | am/pm to       am/pm | Wednesday | am/pm to      am/pm |
| Thursday | am/pm to       am/pm | Thursday | am/pm to      am/pm |
| Friday | am/pm to       am/pm | Friday | am/pm to      am/pm |
| Saturday | am/pm to       am/pm | Kinder drop off/pick up required Yes  / No | |
| Sunday | am/pm to       am/pm | Kinder child: Educator to be available Yes  / No | |
| **SCHOOL AGED CHILDREN** | | Is your child at Kinder Yes  / No  Kinder Name: | |
| Is your child at School Yes  / No  School Name: | |
| School holiday times | Mon  Tue  Wed  Thu Fri        am/pm to      am/pm | Notes: | |
| Pupil free days | Yes  / No |
| School drop off/pick up required Yes  / No | |  | |

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| **Parent Information** | | | | | |
| **1st Parent** | | | | | |
| Given Names |  | Surname |  | Date of Birth |  |
| Address (Street No.) |  | (Street Name) |  | | |
| Suburb |  | State |  | Postcode |  |
| Postal Address (if different to above) |  | | | | |
| Phone (H) |  | Mobile |  | | |
| Email Address |  | | | | |
| Occupation |  | Workplace |  | | |
| Work Address (Street No) |  | (Street Name) |  | | |
| Suburb |  | Postcode |  | Phone (W) |  |
| County of Birth |  | Language Spoken at Home | |  | |
| Aboriginal descent? | Yes  / No  *(Please tick)* | Cultural Background  e.g. Australian, Turkish, Italian etc. | |  | |
| Torres Strait Islander descent? | Yes  / No  *(Please tick)* | | | | |
| **Are you a Family Day Care Educator?** | | | Yes  /No  *(Please tick)* | | |

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| **2nd Parent** | | | | | |
| Given Names |  | Surname |  | Date of Birth |  |
| Address (Street No.) |  | (Street Name) |  | | |
| Suburb |  | State |  | Postcode |  |
| Postal Address (if different to above) |  | | | | |
| Phone (H) |  | Mobile |  | | |
| Email Address |  | | | | |
| Occupation |  | Workplace |  | | |
| Work Address (Street No) |  | (Street Name) |  | | |
| Suburb |  | Postcode |  | Phone (W) |  |
| County of Birth |  | Language Spoken at Home | |  | |
| Aboriginal descent? | Yes  / No  *(Please tick)* | Cultural Background  e.g. Australian, Turkish, Italian etc. | |  | |
| Torres Strait Islander descent? | Yes  / No  *(Please tick)* | | | | |
| **Are you a Family Day Care Educator?** | | | Yes  /No  *(Please tick)* | | |

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| **Authorised Nominee – Other persons to be notified and/or collection of child/ren.** | | | | | | | | | |
| There may be times when your child has an accident, injury, trauma or illness and you cannot be contacted or are unable to collect your child due to other commitments. The service must be able to notify one of the following people who are authorised and available to collect and care for your child.  Your permission is required for other people to collect your child/ren from the Educator on your behalf. Please indicate if people listed can drop off and collect your child/ren.  If your child/ren are not collected and you cannot be contacted, this list will be used to arrange someone to collect your child/ren.  This list may be added to or changed throughout the year. Please note:   1. A minimum of two (2) nominees must be provided. 2. Your child will not be allowed to leave with any person not on this list. 3. The people on this list may be required to produce photo identification such as a drivers licence. 4. People on this list must be aged 18 years and older. | | | | | | | | | |
| **Authorised Nominee One** | | | | | **Authorised Nominee Two** | | | | |
| Name |  | | | | Name |  | | | |
| Address |  | | | | Address |  | | | |
| Phone (H) |  | (W) |  | | Phone (H) |  | (W) |  | |
| Mobile |  | | | | Mobile |  | | | |
| Relationship to your child |  | | | | Relationship to your child |  | | | |
| Authorised to collect the child from the service. | | | | (Please Tick)  Yes/No | Authorised to collect the child from the service. | | | | (Please Tick)  Yes/No |
| Authorised to consent to the administration of medication. | | | | Yes/No | Authorised to consent to the administration of medication. | | | | Yes/No |
| Authorised to consent to medical treatment for the child. | | | | Yes/No | Authorised to consent to medical treatment for the child. | | | | Yes/No |
| Authorised to consent for an educator to take the child outside the service premises for excursions or regular outings. | | | | Yes/No | Authorised to consent an educator to take the child outside the service premises for excursions or regular outings. | | | | Yes/No |
| Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted | | | | Yes/No | Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted | | | | Yes/No |

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| **Authorised Nominee Three** | | | | | **Authorised Nominee Four** | | | | |
| Name |  | | | | Name |  | | | |
| Address |  | | | | Address |  | | | |
| Phone (H) |  | (W) |  | | Phone (H) |  | (W) |  | |
| Mobile |  | | | | Mobile |  | | | |
| Relationship to your child |  | | | | Relationship to your child |  | | | |
| Authorised to collect the child from the service. | | | | (Please Tick) Yes/No | Authorised to collect the child from the service. | | | | (Please Tick) Yes/No |
| Authorised to consent to the administration of medication. | | | | Yes/No | Authorised to consent to the administration of medication. | | | | Yes/No |
| Authorised to consent to medical treatment for the child. | | | | Yes/No | Authorised to consent to medical treatment for the child. | | | | Yes/No |
| Authorised to consent an educator to take the child outside the service premises for excursions or regular outings. | | | | Yes/No | Authorised to consent an educator to take the child outside the service premises for excursions or regular outings. | | | | Yes/No |
| Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted | | | | Yes/No | Is able to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted | | | | Yes/No |

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| **General Consent** | |
|  | ***Please Tick*** |
| I give permission for Educators to apply sunscreen on my child,( **if No**, this will go against current recommended SunSmart practices and the Mildura Rural City Council Family Day Care Sun Protection Policy OP-053. If this is the case an alternate procedure for protecting your child from the sun must be documented in consultation with your educator) | Yes  / No |
| I give permission for Educators to administer non-prescription nappy cream/balms on my child when required. | Yes  / No |
| I give permission for a qualified member of the coordination unit staff to care for my child, in emergency situations, in the absence of the family day care educator. | Yes  / No |
| I give permission for Educators to check my child for head lice to assist in preventing them from spreading. I understand that if identified, I will be asked to collect my child and commence treatment. | Yes  / No |
| I give permission for my child to be photographed or filmed which may be used outside the service for promotional purposes. | Yes  / No |
| I understand my child may appear in another child’s group learning photos which may be sent home at the end of the year. I give permission for this to occur | Yes  / No |
| I am aware that staff keep developmental records (learning stories) on my child and that I am able to access records in accordance with Council Policy. | Yes |
| I am aware there is a curriculum plan of activities for children | Yes |
| I understand that if this service has no available vacancies and I have a 3rd priority placement at the service, I may be asked to vacate my position to enable a higher priority person access to the service. I understand that under these circumstances, I must be given two (2) weeks’ notice to vacating my position. | Yes |
| I agree to notify my educator if my child is going to be absent from care. | Yes |
| I agree to provide a copy of my child’s Birth Certificate | Yes |

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| **Declaration and Consent to Emergency Medical Treatment** | |
|  | ***Please Tick*** |
| I give permission for the service to seek   * medical treatment for the child from a registered medical practitioner, hospital, dental or ambulance service; and * transportation of the child by an ambulance service in the case of an emergency   I understand that I/we pay for any cost incurred. Council is not held responsible for any costs incurred. | Yes |
| I agree to collect, or make arrangements for the collection of, my child if they become unwell/injured when at attending the service. | Yes |
| I agree to notify the educator or service in the event of my child having an infectious illness. | Yes |
| I agree to provide a doctor’s clearance for my child to return to the service after and infectious illness when requested by the educator or the Coordination Unit. | Yes |
| I agree to notify the service of any changes to the contact information of parents or authorised nominees to ensure my child’s record remains up to date and complies with Education and Care Law. | Yes |
| I accept that the service has a duty of care in the event that I the person collecting the child attend the service under the influence of alcohol or drugs and that an alternate person is required to collect and/or transport my child. | Yes |
| I have read and understood Mildura Rural City Council Family Day Care Enrolment Handbook and I agree to comply with all requirements within | Yes |
| I declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information. | Yes |
| I have attached all relevant medical management plans. | Yes  / N/A |

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| **Fees and Charges** | | | | |
|  | | | | ***Please Tick*** |
| I understand I must contact Department of Human Services (Centrelink) to ensure I am registered for Childcare Subsidy(CCS). | | | | Yes |
| I understand I must pay my part of the fee to be entitled to Childcare Subsidy(CCS). | | | | Yes |
| I understand that for booked hours normal fees and charges apply for any absences and Public Holidays according to each educator’s fee schedule. | | | | Yes |
| I understand that two (2) weeks’ notice must be given to the educator and Co-ordination Unit for cancelling care, and that I must attend on the first and last day for Child Care Subsidy to be paid. | | | | Yes |
| I agree to pay fees in accordance with the Fee Policy and regardless of whether the Commonwealth provides fee assistance (Child Care Subsidy) | | | | Yes |
| I understand that the service reserves the right to suspend care in the instance of my fees being four (4) weeks or more overdue and I have made no plan with the educator to resolve any outstanding debt. | | | | Yes |
|  | | | | |
| **Consent** | | | | |
| **I declare that the information provided on this enrolment form is current.**  I understand that all information regarding my child is confidential and will only be used for the care, education and assistance of my child. I understand that I am able to access a copy of information pertaining to my child at any time. I agree to pay my Childcare fees as outlined above. | | | | |
| Parent Signature |  | Date |  | |
|  | | | | |
| **Privacy Collection Statement**  “All personal and/or health information collected by Mildura Rural City Council Family Day Care is used to enable us to provide quality care and education for your child attending Mildura Rural City Council Family Day Care and to enable us to manage, monitor and administer the service as we are required. The personal and/or health information will be used solely by Mildura Rural City Council Family Day Care for this purpose and/or directly related purposes. Mildura Rural City Council Family Day Care may disclose this information to other organisations if required by legislation e.g. To the Department of Social Services (DSS) for the administration of Child Care Subsidy (CCS). The parent understands that the personal and/or health information provided is for the above purpose and that he or she may apply to Mildura Rural City Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council’s Privacy officer.” | | | | |
| **Parental Responsibility**  All parents have powers and responsibilities in relation to their children that can only be changed by a court order. “Parental responsibility” is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, powers, responsibilities and authority which, by law, parents have in relation to children”.  It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. An order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person. | | | | |

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| **How did you find out about Family Day Care?**  (Please tick) | | | |
| Newspaper |  | Internet Search (e.g. Google) |  |
| Radio |  | Word of Mouth |  |
| Television |  | Other |  |
| Social Media (e.g. Facebook) |  |  |  |

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| **All About Me!** | | | | | | | |
| **Educators will use this information on your child to assist in the program planning.** | | | | | | | |
| Child’s Name | |  | | Child’s Preferred Name |  | |
| Child’s Age | |  | |  |  | |
| Other Siblings | |  | | | | | |
| Other special people in my life | |  | | | | | |
| Pet’s Name (if relevant) | |  | | | | | |
| Is your child used to spending time away from you? | | | Yes  No | | | | |
| Have they regularly attended children’s groups? | | | Yes  No | | | | |
| How does your child settle when away from you? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| My nationality is |  | | | I speak the following languages at home |  |
| What I would like to see my child achieve while at Service? | | | | | | | |
|  | | | | | | | |
| Does anyone in your child’s family have knowledge, skills or a hobby that they can share with the educators and/or children? | | | | | | | |
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| **Eating** | | | | |
| Does your child feed themselves with: | | Fingers | Spoon | Fork |
| Does your child drink from a: | | Cup | Trainer Cup | Bottle |
| Is your child on formula or is your child breast fed?Formula  / Breast fed | | | | |
| When does your child have a bottle? | | | | |
|  | | | | |
| My favourite foods are: |  | | | |
| But I don’t like to eat: |  | | | |
| What would your child usually eat on an average day? | | | | |
|  | | | | |
| What signs/symptoms does your child have if an allergic reaction occurs? | | | | |
|  | | | | |
| Additional information: | | | | |

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| **Sleeping** | |
| Does your child sleep well at night? | Yes  / No |
| Does your child sleep during the day? | Yes  / No |
| Do you want your child to rest if they don’t have a sleep? | Yes  / No |
| What is their day time sleep pattern, including any comfort routines or items? | |
|  | |

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| **Toileting** | | | | | |
| Is your child; | In daytime nappies? | | In process of toilet training? | | Independently toilet trained? |
| Is a nappy required at sleep time? | | | Yes  / No | |  |
| What assistance and routines does your child require for toileting? | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Language** | | | | | |
| Does your child use gestures and sounds to communicate? | | | | Yes  / No | |  |
| Is your child using words to communicate? | | | | Yes  / No | |
| Is your child talking in more than three (3) word sentences? | | | | Yes  / No | |
| Have you any concerns about your child’s speech? | | | | Yes  / No | |
| If yes, what are your concerns? | | | | | |
|  | | | | | |
|  | |  | | | |
| My special words are:: | | : | | | |
| Toileting | |  | | | |
| Mum | |  | | | |
| Dad | |  | | | |
| Grandparents | |  | | | |
| Food | |  | | | |
| Drink | |  | | | |
| My comfort toy | |  | | | |
| Dummy/Pacifier | |  | | | |
| Other | |  | | | |

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| **Just a little more…** | | | | | | | | |
| The things I do well are: | |  | | | | | | |
| The things I enjoy doing are: | |  | | | | | | |
| My favourite song is: | |  | | | | | | |
| My favourite toy is: | |  | | | | | | |
| Things that scare me are: | |  | | | | | | |
|  | |  | | | | | | |
| Does your child require any physical assistance or aides to walk, climb, sit, feed, communicate, and if so, what assistance does your child require? | | | | | | | | |
|  | | | | | | | | |
| Does your child like? | Songs/Music | | | Yes  / No | | Swings | | Yes  / No |
|  | Getting Messy | | | Yes  / No | | Cars/Trucks | | Yes  / No |
|  | Sandpits | | | Yes  / No | | Puzzles | | Yes  / No |
|  | Being Outside | | | Yes  / No | | Dress Up Play | | Yes  / No |
|  | Art Activities | | | Yes  / No | | Water Play | | Yes  / No |
|  | Construction Toys | | | Yes  / No | |  | |  |
|  |  | | |  | |  | |  |
| Are there any Early Intervention Services involved with your child? | | | | | Yes  / No | | | |
| If yes, who are the agencies involved with your child/family? | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| What support do they provide? | | | | | | | | |
| Physiotherapy | | | Occupational Therapy | | | | Speech Therapy | |
| Other (please state) | | | | | | | | |
|  | | | | | | | | |
| Is there anything else about your child that you would like us to know? | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |