****

**Debtor Number: \_\_\_\_\_\_\_\_\_\_**

**PLAYALONG EARLY LEARNING CENTRE ENROLMENT FORM**

*A parent who has ‘parental responsibility’ in relation to the child must complete this form. A brief explanation of this authority 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 COMPLETE 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 Surname |  | Child’s Given Names |  |
| Date of Birth |  | Gender |  |
| Address (Street No) |  | (Street Name) |  |
| Suburb |  | State |  | Postcode |  |
| Child’s Country of Birth |  | Language Spoken at Home |  |
| Child’s Cultural Backgrounde.g. Australian, Turkish, Italian etc. |  | Aboriginal or Torres Strait Islander descent? | [ ]  Yes [ ]  No |
| Religion |       |

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| **Parent / Guardian Information** |
| **1st Parent/Guardian Surname** |  | **1st Parent/Guardian Given Name** |  |
| Address (Street No.) |       | (Street Name) |       |
| Suburb |       | Postcode |       |
| Phone (H) |       | Mobile |       |
| Occupation |       | Workplace |       |
| Work Address (Street No) |       | (Street Name) |       |
| Suburb |       | Postcode |       | Phone (W) |       |
| County of Birth |       | 1st Parent/Guardian Date of Birth |       |

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| **2nd Parent/Guardian Surname** |  | **2nd Parent/Guardian Given Name** |  |
| Address (Street No.) |  | (Street Name) |  |
| Suburb |  | Postcode |  |
| Phone (H) |  | Mobile |  |
| Occupation |  | Workplace |  |
| Work Address (Street No) |  | (Street Name) |  |
| Suburb |  | Postcode |  | Phone (W) |  |
| County of Birth |  | 2nd Parent/Guardian Date of Birth |  |
| Family Email Address |  |
| Would you like your account and centre newsletter sent to this email address? | [ ]  Yes [ ]  No |

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| **Child Care Subsidy (CCS)** |
| Childs CRN |  |
| Parents CRN |  |
| Parent’s name connected with CRN |  |
| Have you informed Centrelink that you will be attending childcare? If no please contact Centrelink and register for Child Care Subsidy. | [ ]  Yes [ ]  No  |
| Does your child attend another Childcare service?  | [ ]  Yes [ ]  No |
| If Yes, how many hours of CCS are allocated to this other service? |  |

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| **Authorised Nominee – Persons to be notified and/or collection of child/ren other than persons listed above** |
| There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted or are unable to collect your child due to other commitments. To deal with these situations, the centre 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 centre on your behalf. Please indicate if people listed can drop off and collect your child/ren.If your child/ren is/are not collected and parent/guardians 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. | [ ]  Yes [ ]  No | Authorised to collect the child from the service. | [ ]  Yes [ ]  No |
| Authorised to consent the administration of medication. | [ ]  Yes [ ]  No | Authorised to consent 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 |

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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. | [ ]  Yes [ ]  No | Authorised to collect the child from the service. | [ ]  Yes [ ]  No |
| Authorised to consent the administration of medication. | [ ]  Yes [ ]  No | Authorised to consent 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 |

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| **Court Orders Relating To Your Child** |
| Are there any court orders, parenting order and 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 order 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 |
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| **Please bring the original court order/s for staff to see and copy to 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? Is your child on a catch up schedule for vaccinations?Has your child got a medical reason not to be vaccinated?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **Please provide a copy of your Immunisation History Statement from the Australian Childhood Immunisation Register, Medical doctor or local immunisation service (ACIR Statement).****Date Copy Received:**  |
| There are next due immunisations on my child’s statement.  | [ ]  Yes [ ]  No |
| **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, you may be 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 confirmedNo – 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) |  |
| Has acceptable immunisation documentation been provided at the end of the 16 weeks? | Yes/No |
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| **Child’s Medical and Health Information** |
| Medical Practitioner or Service |  | Phone |  |
| Address(Street No.) |  | (Street Name) |  |
| Suburb |  | Postcode |  |
| Child’s Medicare Number (if available) |  |
| 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 staff. |
| Does your child have any **Ongoing Medical Conditions?** | [ ]  Yes [ ]  No |
| If **yes** please provide details off any medical condition and attach a **medical** **management plan signed by your child’s medical practitioner** (asthma required 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 annually or 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 |
| 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 Plan was received: | Date risk assessment completed:Date Update Due: |
| Does your child have an **Allergy/Sensitivity?** | [ ]  Yes [ ]  No |
| If **yes** please provide details off 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 annually 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 |
| Does your child have an auto injection device? (e.g. EpiPen)If **yes** please provide details off 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/Special Needs?** | [ ]  Yes [ ]  No |
| 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 medical condition: Date Management Plan 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 |
|  |
| *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:* |  [ ]  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** **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:* | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No  |

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| **General Consent** |
|  | ***Please******Tick*** | ***Please******Initial*** |
| I give permission for staff to apply centre provided sunscreen on my child. | [ ]  Yes [ ]  No |  |
| I give permission for staff to administer non-prescription nappy cream/balms on my child when required. | [ ]  Yes [ ]  No |  |
| I give permission for Band-Aids to be applied to my child. | [ ]  Yes [ ]  No |  |
| I give permission for staff 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 centre for promotional purposes. | [ ]  Yes [ ]  No |  |
| I give permission for my child to be photographed for the use of trainees and students. | [ ]  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. | [ ]  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 an emergent curriculum is displayed within each room at the centre. | [ ]  Yes |  |
| I understand the policy document is available to read. | [ ]  Yes |  |
| I understand that if this centre has no available vacancies and I have a 3rd priority placement at the centre, I may be asked to vacate my position to enable a higher priority person access to the centre. I understand that under these circumstances, I must be given two (2) weeks’ notice to vacating my position. | [ ]  Yes |  |
| I agree to notify the centre if my child is absent from enrolled care. | [ ]  Yes |  |

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| **Declaration and Consent to Emergency Medical Treatment** |
|  | ***Please Tick*** | ***Please******Initial*** |
| I give permission for staff 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 the centre. | [ ]  Yes |  |
| I agree to notify the centre 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 centre after and infectious illness when requested. | [ ]  Yes |  |
| I agree to notify the centre of any changes to the contact information of parents or nominees to ensure my child’s record remains up to date and complies with National Quality Framework Law, Regulations and Quality Standards. | [ ]  Yes |  |
| I accept that the centre has a duty of care in the event of attending the centre under the influence of alcohol or drugs and that an alternate person is required to collect and/or transport my child. | [ ]  Yes |  |
| I have attached the relevant medical management plans. | [ ]  Yes [ ]  N/A |  |

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| **Fees and Charges** |
|  | ***Please Tick*** | ***Please Initial*** |
| I understand I must contact Centrelink to ensure I am registered for Child Care Subsidy (CCS). | [ ]  Yes |  |
| I understand I must pay my part of the fee to be entitled to Child Care Subsidy (CCS) | [ ]  Yes |  |
| I understand that for the Long Day Care Program normal fees are charges apply for any absences and Public Holidays. | [ ]  Yes |  |
| I understand that normal fees are charged in Occasional Care if I do not give 24 hours’ notice to cancel the booking times. There are no fees are charged for public holidays in Occasional Care. | [ ]  Yes |  |
| I understand that two (2) week’s written notice must be given for Long Day Care when cancelling care or in lieu of two (2) weeks’ notice fees will be charged. | [ ]  Yes |  |
| I understand that if I am late to pick up my child at closing time I will incur a fee of $1.00 per minute per child with no Child Care Subsidy applied. | [ ]  Yes |  |
| I declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information. | [ ]  Yes |  |
| I understand that fees are charged on a weekly basis. I also understand that I am encouraged to pay on either a weekly or fortnightly basis and have all outstanding attendances paid within 30 days. | [ ]  Yes |  |
| I understand that Playalong reserves the right to suspend any bookings in the instance of my fees being four (4) weeks or more overdue and I have made no plan with staff 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/Guardian Signature |  | Date |  |
|  |
| **Privacy Collection Statement**“All personal and/or health information collected by Mildura Rural City Council Playalong Early Learning Centre is used to enable us to provide quality care and education for your child attending Mildura Rural City Council Playalong Early Learning Centre 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 Playalong Early Learning Centre for this purpose and/or directly related purposes. Mildura Rural City Council Playalong Early Learning Centre 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. |
| Parent/Guardian Signature |  | Date |  |

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| **How did you find out about Playalong?**(Please tick) |
| Newspaper | [ ]  | Search Drive (e.g. Google) | [ ]  |
| Radio | [ ]  | Word of Mouth | [ ]  |
| Television | [ ]  | Other |  |
| Social Media (e.g. Facebook) | [ ]  |  |  |

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| **Booking Requirements**Please complete sections relevant to your requirements. |
| **Room** | Sunshine (6 weeks to 3 years) [ ]  Rainbow (3 to 6 years) [ ]  |
| [ ]  **Occasional Care** Operation hours from 8:00am – 6pm. Bookings made in 2.5 hour intervals. Minimum 24 hours’ notice required to cancel or change your bookings. |
| [ ]  Bookings made as required |
| [ ]  Regular ongoing |
| Monday [ ]  |  |        am[ ] pm[ ]  to       am[ ] pm[ ]  |
| Tuesday [ ]  |  |

|  |  |
| --- | --- |
|  |       am[ ] pm[ ]  to       am[ ] pm[ ]  |

 |
| Wednesday [ ]  |  |

|  |  |
| --- | --- |
|  |       am[ ] pm[ ]  to       am[ ] pm[ ]  |

 |
| Thursday [ ]  |  |

|  |  |
| --- | --- |
|  |       am[ ] pm[ ]  to       am[ ] pm[ ]  |

 |
| Friday [ ]  |  |

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| --- | --- |
|  |       am[ ] pm[ ]  to       am[ ] pm[ ]  |

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| [ ]  **Long Day Care** Operation hours from 8.00am to 6.00pm full day with 42 days allowable absences. Minimum of two weeks’ notice to be given for cessation of care. |
| Monday [ ]  |  | [ ]  Full Day | [ ]  Half Day Morning  | [ ]  Half Day Afternoon |
| Tuesday [ ]  |  | [ ]  Full Day | [ ]  Half Day Morning | [ ]  Half Day Afternoon |
| Wednesday [ ]  |  | [ ]  Full Day | [ ]  Half Day Morning | [ ]  Half Day Afternoon |
| Thursday [ ]  |  | [ ]  Full Day | [ ]  Half Day Morning | [ ]  Half Day Afternoon |
| Friday [ ]  |  | [ ]  Full Day | [ ]  Half Day Morning | [ ]  Half Day Afternoon |

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| [ ]  **Kindergarten** **(4 and 3 Years or eligible for Access to Early Learning)**Minimum of 15 hours (2 full days). Bookings can continue over school holiday breaks upon request. |
| Monday [ ]  |  | [ ]  Full Day |  |  |
| Tuesday [ ]  |  | [ ]  Full Day |  |  |
| Wednesday [ ]  |  | [ ]  Full Day |  |  |
| Thursday [ ]  |  | [ ]  Full Day |  |  |
| Friday [ ]  |  | [ ]  Full Day |  |  |

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

**Please sign your completed enrolment form and email with the All About Me and any other required documentation (Court Order, Immunisation Record, Medical Plan) to** **playalong@mildura.vic.gov.au****, or alternatively phone 5018 8291 to make an appointment to submit in person at Playalong Early Learning Centre, 73-75 Lemon Avenue Mildura 3500.**

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| **All About Me!** |
| **Please complete all areas relevant to your child. Staff use this information to assist with the daily care of your child and program planning.** |
| Child’s Name |  | Child’s Preferred Name |  |
| Date of Birth |  | Days Attending |  |
| 1st Parent/Guardians Name |  | 2nd Parent/Guardians Name |  |
| Other Siblings |  |
| Other specialpeople 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 Playalong |
|  |
|  |
|  |
| Does anyone in your child’s family have knowledge, skills or a hobby that they can share with the staff and/or children? |
|  |
|  |
|  |
| **Permissions** |
| In the enrolment form I have given permission for sunscreen to be applied. | [ ]  Yes [ ]  No |
| In the enrolment form I have given permission for nappy cream/balms to be applied. | [ ]  Yes [ ]  No |

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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? |  |
| 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? |
|  |
|  |
| Is there any food that your child should not eat for health, lifestyle or religious reasons? |
|  |
|  |
| What signs/symptoms does your child have if an allergic reaction occurs? |
|  |
|  |
| Is your child anaphylactic and require an auto injector | [ ]  Yes [ ]  No  | I have completed an anaphylaxis management plan | [ ]  Yes [ ]  No  |
| 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? |
|  |
|  |
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| **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: |  |
| Mum |  |
| Dad |  |
| Grandparents |  |
| Food |  |
| Drink |  |
| Toilet |  |
| My comfort toy |  |
| Dummy/Pacifier |  |
| Other |  |

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| **Medical Condition** |
| I have the following medical conditions |  |
| I have completed an asthma or medical action plan as required | [ ]  Yes [ ]  No  |
| Additional information |
|  |
|  |

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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 |  |
|  |  |
| I can wear sunscreen | [ ]  Yes [ ]  No  | I can have my photo taken | [ ]  Yes [ ]  No  |
| Insect repellent | [ ]  Yes [ ]  No  | I have been to child care/kindy before | [ ]  Yes [ ]  No  |
| 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? | Song/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) |
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| Is there anything else about your child that you would like us to know? |
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