

## Child/Children's Details and Booking Information

### Child Details

|  |                        |                          |
|--|------------------------|--------------------------|
| First Name:  | M/F                    | Date of Birth:           |
| Surname:   |                        |                          |
| Address:   |                        |                          |
| Child CRN:   |                        | Class/Grade:             |
| <b>Indigenous Status</b>                                   |                        |                          |
| Aboriginal   | Torres Strait Islander | Aboriginal & TS Islander |
| Country of Birth:  |                        | Religion                 |
| Language spoken at home - English <input type="checkbox"/> |                        | Other: please specify    |

### Booking Information

Booking Start Date:

|  |        |   |           |          |        |
|--|--------|---|-----------|----------|--------|
| Permanent Booking <input type="checkbox"/>   |        | Casual Booking <input type="checkbox"/> |           |          |        |
| Please tick  | 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

|   |   |   |
|---|---|---|
| 1. Does your child have or has had asthma/allergies/seizures?<br>Please specify     | Y | N |
| 2. Does your child have a disability/special needs?<br>Please specify               | Y | N |
| 3. Does your child take prescribed medication on a regular basis?<br>Please specify | Y | N |
| 4. Does your child have any special dietary requirement?<br>Please specify          | Y | N |
| 5. Does your child have any Cultural or Religious requirements?<br>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

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