

Child/Children's Details and Booking Information

Child Details

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

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? 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

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