

Child Details and Booking Information

Child Details

First Name:	M/F	Date of Birth:
Surname:		
Child CRN:	Class/Grade:	
Cultural Background:		
Country of Birth:		
Language spoken at home (Other than English) Please specify		
Immunisation Status: Immunised <input type="checkbox"/> Not Immunised <input type="checkbox"/>		

Booking Start Date:

Permanent Booking : Set Days <input type="checkbox"/> Roster <input type="checkbox"/>			Casual Booking <input type="checkbox"/>		
Please tick for Set Permanent days	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 and supply a Medical Management Plan:	Y
2. Does your child have a disability/special needs? Please specify	Y
3. Does your child take prescribed medication on a regular basis? Please specify and complete a Medical Authority form	Y
4. Does your child have any special dietary requirement? Please specify	Y
5. Does your child have any Cultural or Religious requirements? Please specify	Y
6. Are there any other concerns for your child's well being? Eg excessive fears Please specify	Y

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

Preferences and Permissions

Please outline any other information that may help us in the care of your child or assist us with programming. Eg interests, favorite activities
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We would like to photograph your child at play. Do you agree for your child to be photographed at the centre. The photos may be used in centre displays & school communication.	Y/N
I give permission sunscreen to be applied to my child's skin prior to outdoor play.	Y/N
Signed	Date