

## Child Details and Booking Information

### Child Details

<b>First Name:</b>		<b>M/F</b>	<b>Date of Birth:</b>	
<b>Surname:</b>				
<b>Child CRN:</b>		<b>Class/Grade:</b>		
<b>Indigenous Status</b>				
Aboriginal		Torres Strait Islander		Aboriginal & TS Islander
<b>Country of Birth:</b>		<b>Religion</b>		
<b>Language spoken at home</b> - English <input type="checkbox"/>		Other: please specify		
<b>Immunisation Status:</b>		Immunised		Not Immunised

### Booking Information

### Booking Start Date:

<b>Permanent Booking : Set Days</b> <input type="checkbox"/>		<b>Roster</b> <input type="checkbox"/>		<b>Casual Booking</b> <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	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

### Permission to apply sunscreen

I hereby authorise sunscreen to be applied to my child's skin prior to outdoor play.

Signed	Date
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### Permission to Photograph child/children

We would like to photograph your child at play. Do you agree for your child to be photographed at the centre. The use of these photos may be for:

private collection and display only,  and/or for the publicity and promotion of Helping Hands Network.

Signed	Date
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