

## 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
Immunisation Status:	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