

Part B. Child Information

The following information is specific to each child. Please print and complete these for each child that you wish to enrol. Information for multiple children must not be compiled onto one form.

Child information

Family Name: _____ Given Names: _____

*Usually called: _____

Date of Birth: ____/____/____

Sex: M F

Languages spoken/Fluency: _____ *Religion: _____

School: _____ Grade: _____

Residential Address:

Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

*Centrelink CRN: _____

Country of Birth: _____

Is your child of Aboriginal and/or Torres Strait Islander origin?

- No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Court orders relating to the child

1. Are there any **court orders, parenting orders** [s64B(1) of the Family Law Act 1975 (Commonwealth)] **or parenting plans** [s63C(1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child?

No Yes (Please provide a copy)

2. Are there any court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person?

No Yes (Please provide a copy)

Is your child connected with Department of Human Services/Child First/Child Protection? No Yes

Caseworker: _____ Phone _____

Child's health and wellbeing information

*Name Doctor: _____ Medical Service: _____

Phone Number: _____

Medical Service Address: Street Number: _____ Street Name: _____

Suburb: _____ Postcode: _____

*Child's Medicare Number: _____ *Ambulance Number: _____

*Insurance Fund/Number: _____

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes No

Does your child have any additional specific needs? (e.g. Autism, Aspergers, ADHD, Developmental Delays)

Yes No

If yes, does your child have a diagnosis?

Yes No

My child has been diagnosed with _____.

Please attach details of any special needs and any management procedure to be followed with respect to the special need. If No, please describe any specific needs your child has.

Does your child have any severe allergies or sensitivities or intolerances?

Yes No

If yes you must provide an allergy management plan signed by your medical practitioner, and work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan once your child has a confirmed placement.

Plan attached

Has your child been diagnosed at risk of anaphylaxis?

Yes No

Does your child have an auto injection device (eg EpiPen®)?

Yes No

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. Once your child has a confirmed placement you will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner. This will be attached to your child's enrolment record. You will also be required to work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan.

More information is available at www.education.vic.gov.au/anaphylaxis

Plan attached

Does your child have any specific healthcare needs or medical conditions? (e.g. asthma, epilepsy, diabetes etc that are relevant to the care of your child)

Yes No

If yes, you must provide a medical management plan, signed by your child's doctor, to the service once your child has a confirmed placement, and prior to attendance work with staff to develop a medical conditions risk minimisation plan and a medical conditions communication plan.

Plan attached

Child's immunisation record

Has your child been immunised?

Yes No

Please provide details of your child's immunisation status records:

- providing a copy of the Immunisation Record from the Child Health Record book OR
- providing a copy of the Immunisation Record printout from local government OR
- providing the Child History Statement from the Australian Childhood Immunisation Register OR
- providing a copy of conscientious objection documentation from an authorised provider

**Office use
only**

I confirm I have sighted the child's health records.

Staff Name: _____ Date: _____

Personal Profile

To ensure a smooth transition into our programs and to assist staff in developing environments and programs that are targeted for your child/ren's needs, interests and abilities, we require the following profile to be completed for each child as part of registration.

Child's Name: _____

Family Cultural Background

Please tell us about the cultural background of you and your child, including any special considerations. E.g. cultural/religious, dietary or specific additional requirements. This may also include celebrations your family acknowledges, special day's etc.

Does your child have any culturally specific dietary needs/restrictions? No Yes, If yes, please describe:

Interests & Abilities

What particular interests, hobbies and abilities does your child have/enjoy? List or describe.

Any other information to help your child's transition into our OSHC Programs

This may include;

- Your child's background (e.g. family members/dynamic, family traditions, childcare background)
- Excessive fears
- Participation in intervention services
- Your child's experiences at home and in the community
- Your views about your child entering our OSHC programs
- What you think might help your child settle into the programs

Family Involvement

Family participation is highly valued at our centres and our doors are always open. We would love to hear about anything that your family is interested in, the things that are important to your family and the things that you value. Please list any interests, work skills, occupations, hobbies, knowledge that you may be willing to share.

Current feelings surrounding OSHC

How does your child currently feel about entering our OSHC programs?

Happy Jacks Learning and Aftercare is using KidsXap for all children's enrolments and payments will be processed through QuickPay by Direct Debit.

Statements will be available online or using KidsXap Guardian ®. Statements can be arranged by request at other times during opening hours.

If you need assistance with organising all forms please do not hesitate to call Happy Jacks on 5332 0146.

Banking details:

Please Note:

All families need to fill out the QuickPay form for direct debit payments and return with their enrolment form and booking form before care can commence for children.

Transportation:

Childs name: _____

Childs name: _____

Childs name: _____

School to be collected from: _____

Time school finishes for the day: _____

Parent/Guardian:

I give my permission for Happy Jacks to arrange transportation for my child/ren to be collected from their school. Parents will be contacted immediately by staff in the event of any incidents that may occur.

Transportation will be hired coachline, Happy Jacks Mini Bus Services or by arrangement by the family through Ballarat accredited Taxis.

Parents/guardians signature: _____

Dated: _____