**Child Information**

|  |  |
| --- | --- |
| First Name(s) | Click here to enter text. |
| Surname | Click here to enter text. |
| Preferred Name/Nickname | Click here to enter text. |
| Customer Reference Number | Click here to enter text. |
| Date of Birth | Click here to enter a date. |
| Current Age | Click here to enter text. |
| Address | Click here to enter text. |
| Nationality | Click here to enter text. |
| Languages Spoken | Click here to enter text. |

Does this child attend any other child care services?  No Yes

(If yes, please provide details below)

Click here to enter text.

Does this child attend school? No Yes (If yes, please provide details below)

Click here to enter text.

Are there any religious, cultural or personal beliefs that require consideration from Frontier Services? Please provide details below

Click here to enter text.

What information do you consider important? How would you like this to be communicated?

Click here to enter text.

**Child Care and Routine Information**

**Toileting Routines:**

Is your child:

In Nappies  Toilet Training  Using toilet with reminders and assistance

Independently using the toilet

Are there any products that should or should not be used for nappy changes and toileting? Please provide information

Click here to enter text.

Toilet/ Nappy Change Routine and Comments:

Click here to enter text.

**Eating Routines:**

Does your child have any particular food likes and dislikes? Please provide information

Click here to enter text.

Does your child have any food allergies or intolerances?

No  Yes, please provide details and action plan

Click here to enter text.

At meal times, does your child need assistance to eat?

My child can feed themselves  My child may need assistance

My child needs to be fed

My child uses:  A cup  A sippy cup A drink bottle  Bottle

Hygiene, Dental Practices and Comments:

Click here to enter text.

**Sleep Routines:**

Usual waking/bed time: Click here to enter text. Day time sleeps or rests: Click here to enter text.

Does your child have comforters/dummies?  No Yes:

Click here to enter text.

Sleep Routines and Comments:

Click here to enter text.

Strategies for positive behaviour management:

Click here to enter text.

**Medical Infomation**

Does your child have any allergies?  No  Yes (Please provide details)

Click here to enter text.

Does your child have any other medical conditions?  No  Yes (Please provide details)

Click here to enter text.

Does your child have any additional needs?  No  Yes (Please provide details)

Click here to enter text.

Has your child ever suffered from a serious accident/ illness/ hospitalisation?

No  Yes (Please provide details)

Click here to enter text.

Is your child on any long term medication?  No  Yes (Please provide details)

Click here to enter text.

**Please note:** If your child suffers from Asthma, Allergies, Anaphylaxis, Eczema or any other condition requiring treatment, you will need to complete the relevant Medical Management Plan and return prior to beginning care. It is the parent/guardians responsibility to ensure that these documents are kept up to date and changes to these are advised in writing.

Initial: Click here to enter text.

Date: enter a date.

Is your child’s immunisation up to date?  No  Yes (Please provide details below)

Click here to enter text.

**Please Note:** To be eligible for Child Care Benefit, all children under the age of 7 must meet Australian Immunisation Requirements or have an approved exemption. (Please see Frontier Services Immunisation Policy for more information). A copy of your child’s immunisation records must be provided to the service prior to beginning care. All children who are exempt from immunisation will be excluded in line with the Time Out schedule at times where there are identified cases of infectious diseases. It is the parent/guardians responsibility to ensure that these documents are kept up to date and changes to these are advised in writing.

Initial: Click here to enter text.

Date: enter a date.