



Caringbah South Pre-School

PH: 9525 5269 • 384 Willarong Road, Caringbah NSW 2229



CHILD'S FULL NAME

Former Name..... Other names known by:.....

AGE: HOME ADDRESS:

DATE OF BIRTH:..... Verified (Y) (N) SEX: PHONE.....

ETHNICITY: LANGUAGES SPOKEN:

Is there any COURT ORDERS affecting your child YES/NO (If YES attach verified copy)

DAYS CHILD TO ATTEND.....COMMENCEMENT.....

FULL NAME OF PARENT (1):Other names known by:.....

PLACE OF EMPLOYMENT: PHONE:

BUSINESS ADDRESS:

HOME ADDRESS:

PHONE NO: MOBILE NO:

Email Address: Other contact details:

FULL NAME OF PARENT (2):Other names known by:.....

PLACE OF EMPLOYMENT: PHONE:

BUSINESS ADDRESS:

HOME ADDRESS:

PHONE NO: MOBILE NO:

Email Address: Other contact details:

NUMBER OF CHILDREN IN FAMILY: POSITION IN FAMILY:

CHILDS PERSONAL DOCTORPHONE.....

ADDRESS:

CHILD'S DENTIST PHONE.....

ADDRESS.....

IMMUNISATION – is it complete? YES/NO If NO, give details:

.....

Medicare no.....Healthfund..... signed Staff Member

PLEASE GIVE 2 EMERGENCY CONTACTS

Every care and attention will be given to your child, therefore the above information is MOST important

1 FULL NAMEPHONE: MOBILE:.....

ADDRESS:Other contact details.....

2 FULL NAMEPHONE:MOBILE:.....

ADDRESS: Other contact details:.....

HEALTH HISTORY

HEALTH INFORMATION AT BIRTH: (which could be relevant to your child's learning process)

.....

RELEVANT MEDICAL HISTORY:

.....

.....

RECURRING HEALTH PROBLEM: (e.g. ear infections – which could be relevant to your child's learning process)

.....

ALLERGIES: Please give details – food, medication, beestings etc.

.....

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SPECIFIED MEDICAL CONDITION: (e.g. asthma,).....

DEVELOPMENT: (has your child reached his/her milestones in development e.g. walking by approx 12 months of age)

.....

.....

Do you have any concerns about your child's development?

(Language, Social, Emotional, Physical, Cognitive)

.....

.....

Does your child have a special comforter? (bear, or blanket etc)

List your child's interests

LANGUAGE:

Is English a Second Language? YES/NO Home language is

Key words that may be of help to staff:

Hello

Yes

No

Toilet

SPECIAL REQUIREMENTS: (cultural, religious, disability or special needs of child)

.....

SPECIAL PRACTICES TO BE OBSERVED: (e.g. religious)

.....

COMMENTS:

.....

(Please feel free to ask any questions about this form)

CHILDS NAME.....

APPLICATION OF FIRST AID

Permission to use antiseptic brand /Savlon.....yes/no

Permission to use band aid John & Johnson/Elastoplast.....yes/no

Permission to administer childrens Panadol
(1-5 yrs colour free contains paracetamol 24 mg per 1 mL).....yes/no

COLLECTION AUTHORISATION

I hereby authorise the persons listed below to collect my child from preschool.

Full Name _____

Address _____

Home phone _____ Mobile _____

Email Address: _____ **Other contact details** _____

Full Name _____

Address _____

Home phone _____ Mobile _____

Email Address: _____ **Other contact details** _____

Full Name _____

Address _____

Home phone _____ Mobile _____

Email Address: _____ **Other contact details** _____

Full Name _____

Address _____

Home phone _____ Mobile _____

Email Address: _____ **Other contact details** _____

I agree to pay the required fees under the conditions as set out in my price list

I give permission for my child to attend routine excursions

In the event of an emergency, illness or accident concerning my child, , I consent to the Centre seeking on my behalf medical,dental or hospital attention for my child and I accept liability to medical and/or ambulance expenses as may be incurred.

FULL NAME OF PARENT.....

SIGNATURE OF PARENT :

DATE: