



Armidale & District Family Day Care

95 Faulkner St (P O Box 951), Armidale NSW 2350

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ABN: 67 003 119 775

Individual Child's Information Form

Parent's Name: _____

Child's Name: _____

Nickname (If applicable): _____

Date of Birth: _____ Age: _____ Sex: F/M

Medicare Number: _____ - _____ - _____ - _____

Start Date: _____ Stop Date: _____
(Stop Date: if using as temporary care)

Child's CRN: _____ - _____ - _____

School Age: Yes / No Date commenced School: _____

Reason for Care required: Please circle:
Work Study Respite Referral Socialisation

ID Number: _____ (office use only)

Country of Birth: _____

Cultural Background (Optional): _____

Language/s spoken: _____

Is your child of Aboriginal or Torres Strait Islander heritage?

Care Arrangements

Educator's Name: _____

Date to Commence Care: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Arrive							
Depart							

Total Hours _____

Does your child require additional assistance (not age related) with any of the following?

Learning & applying knowledge, education:

Communication:

Mobility:

Self Care:

Interpersonal interactions and relationships:

Other – Including general task, domestic life, community & social life:

Siblings (if any):

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Custody and Access Orders

It is important that our service and your Educator are aware of any Court (e.g. Custody and Access) orders in relation to your child.

Families should be aware that unless our service and your Educator has current legal documentation, both parents have rights to access information about the health and welfare of your child and to have contact with the child during the hours of care.

Family Circumstances

**Are there any other family circumstances that are important for your child?
(e.g. recent move, new sibling, recent bereavement, etc.)**

Developmental History

Was your child born prematurely? Yes / No

If yes, has this affected your child's early development?

Does your child have any additional needs? Yes / No

If yes, please provide details:

Is your child supported by other services (such as Pedal)? Yes / No

If yes, please provide details:

Health

Has your child been immunised? Yes / No

If yes, have you supplied a copy to the office? Yes/No

If no, are you aware of the Australian Government's Immunisation documentation policies? Yes/No

Does your child have any allergies? Yes / No

If yes, please provide details:

What are the symptoms:

Does your child suffer from any life threatening conditions eg: Asthma, Epilepsy, Diabetes, Anaphylaxis? Yes / No

Name of condition/s: _____

The National Regulations requirement a Health Management Plan to be completed by your General Practitioner, to ensure for your child's health & safety.

Both our service & your Educator must have a copy of this Health Management Plan.

Is your child taking regular medication? Yes / No

If yes, please provide details:

Are there any other conditions of which our service and your Educator should be aware? Yes / No

If yes, please provide details:

Routines

Does your child use: (*please circle*) Nappies Potty Toilet

Are there any special words that mean “toilet” to your child?

Does your child have a bottle before sleep time? Yes/No:

Does your child need a dummy to fall asleep with? Yes/No

Does your child have a special object or toy at sleep time? Yes/No

What is your child’s sleep routine?

Dietary Requirements and Preferences

Describe the types of food your child usually eats:

Does your child have any particular dietary requirements? Yes / No
If yes, please provide details:

Are there any foods your child particularly likes?

Are there any foods your child particularly dislikes?

Can your child feed his/her self?

General Needs

Does your child have any specific fears (e.g. noise, dark, dogs)?

Are there any words which have special meaning for your child?

Does your child get upset when left with other people?

Does your child attend any other children’s services? Yes / No
If yes, please provide details:

Is there any other information about your child with which you would like to provide us?

The Role of Our Coordinator

Our Coordinators visit Educators regularly to provide support and guidance, engaging with the children in care. Coordinators often photograph children during activities within the care environment.

I hereby grant permission for my child/ren:

to appear in photographs to be used for

- Educator's home
- Playsession & Family Day Care Activities
- Publicity and promotional material to be used by Family Day Care

Please inform both Family Day Care and your Educator about any changes to this information.

Excursions

- I give permission for my child to go on routine excursions with their Educator. These may include, Parks, Town Library, Playsessions, Other Educators Homes, Walks.
- I give permission for a Coordinator or Staff member to transport my Child/Children to and from Playsession as required.

Emergency Medical Treatment

- I give permission for the service and my child's Educator to seek medical assistance for my child if needed and recognise that I will be responsible for payment of medical and/or ambulance fees incurred.

Student Placements

- I acknowledge that my Educator may mentor an Early Childhood student from TAFE or a similar institution whilst they complete their required work placement.

Parent's Name (please print): _____

Parent's Signature: _____ **Date:** _____

