

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 Information Form

Parent/Guardian Name: _____

Child's Name: _____

Nickname (if applicable): _____

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

Medicare Number: _____ - _____ - _____ - _____

Start Date: _____ Stop Date: _____
(If using as one off care)

Child's CRN: _____ - _____ - _____

School Age: Yes / No Date commenced School: _____

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

Country of Birth: _____

Cultural background (Optional): _____

Language/s spoken: _____

Is your child of Aboriginal or Torres Strait Islanders? Yes/No

Care Information:

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:

Social interactions:

Other:

Siblings (if any):

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Are these siblings enrolled in an approved child care service? Yes/No

Name of Child: _____ **Approved service:** _____

Do you wish to access Child Care Benefit at a multiple percentage? Yes/No

Custody and Access

Our service and your educator must be aware of any Court (e.g. Custody and Access) Orders in relation to your child/ren.

Unless the Coordination Unit and your Educator has copies of current legal documentation, both parents have rights to access information about the health and welfare of their child and to have contact with the child during the hours of care..

Developmental History

Was your child born prematurely? Yes /No

If yes, please provide details: _____

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

Have you supplied a copy to the office? Yes/No

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

Name of condition/s: _____

The National Regulations requires a Health Management Plan to be completed by your General Practitioner to ensure your child's health & safety. Both the Coordination Unit & your Educator must have a copy of this Health Management Plan prior to the commencement of care.

Is your child taking regular medication? Yes /No

If yes, please provide details: _____

Are there any conditions of which the Coordination Unit and your Educator should be aware? Yes /No

If yes, please provide details:

Does your child wear a teething necklace? Yes /No

If yes, please request and complete a 'Teething Necklace Disclaimer'.

Routines

Does your child use: (please circle one/two) 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:

Is there any food your child particularly likes?

Is there any food your child particularly dislikes?

Can your child feed his/herself?

General Needs

Does your child have any particular fears (eg 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 specify the Child Care Benefit-related nominated hours that you wish to allocate to Armidale & District Family Day Care.

(Our Coordination Unit staff will provide you with further information)

The role of our Coordinator

Our Coordinators visit Educators 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
- Social Media
- 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, etc.

- I give permission for a Coordinator or Staff member to transport my Child/Children to and from Playsession as required in AFDC's bus.

Emergency Medical Treatment

- I give permission for the service & 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 involved.

Student Placement

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

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____