

ADDITIONAL CHILD DETAILS

Family Name: _____

Given Name: _____

Date of Birth: _____

Address (If different from above): _____

Gender Male Female Custody Order Yes No Court Order Yes No

In the case of custody or court orders a current copy must be supplied to EBCC IHC.
 Parent agrees to inform EBCC IHC of any changes to custody or court orders. Yes No

Parent signature: _____ Date: _____

CARE DETAILS

Date Care To Commence: _____ Carer: _____

Booked Hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

CHILD'S MEDICAL HISTORYIs your child currently fully immunized? Yes No Are you a conscientious objector? Yes No

Please provide a copy of Conscientious Objection.

Please tick any of the following diseases your child has had:

German Measles Measles Mumps Chicken Pox Whooping Cough Other : please provide details

Please provide details of any serious illnesses your child suffers from or has suffered from in the past

Does your child have any special needs? Yes (please provide details) No Does your child require ongoing medication? Yes (please provide details) No Does your child have any language or learning difficulties? Yes (please provide details) No **CHILD INFORMATION**

Please list names and ages of siblings:

Are there any toys/comforters your child particularly likes? _____
Is your child afraid of anything in particular? _____
Is your child toilet trained? _____ At what age?: _____
What methods of toilet training do you use with your child? _____

What is your child's regular sleep routine?
During the day? _____ During the night? _____
How do you help your child sleep? _____
Has someone other than a family member cared for your child previously? _____
How does your child react to being away from you? _____
How does your child relate to other adults/children? _____

Is there any other information about your child you would like to include?

CHILD CARE BENEFIT INFORMATION

Does your child attend another approved Child Care Service? Yes (if yes please give details) No
Service Name and Attendance Details: _____

Please note: It is the parent's responsibility to inform the In Home Care office if you no longer wish to claim the multiple child percentage.

The information provided to the service on this form is collected in order to place your child with an appropriate carer and to ensure that your child receives the best possible care. It is collected according to State Government legislative requirements and for the purpose of the Commonwealth Government Child Care Census. This information is made available to any care provider who cares for the child/ren as well as to the coordination unit. In special circumstances it may also be made available to the CEO of EBCC and members of the management committee if requested. All parties agree to keep this information confidential unless required to do otherwise by a court of law.