KINGSTON BEACH
EARLY LEARNING CENTRE

Educators Information

Child Details:	
Child's Name:	Date Of Birth:
Primary Language:	Cultural/Ethnical background:
Is your Child of Aboriginal and/or Torres Strait islander origin? (please circle) **Yes** Aboriginal **Yes** Torres Strait Islander **No**	
Family Doctor's Details: Name: Ph. Number: Address:	
Parent/Guardian 1.	
Name:	Relationship to Child:
Home Ph. No:	Mobile Ph. No:
Work Ph. No:	
Parent/Guardian 2.	
Name:	Relationship to Child:
Home Ph. No:	Mobile Ph. No:
Work Ph. No:	
Additional Contact Person 1:	
Name:	Relationship to Child:
Mobile Ph. No:	Home Ph. No:
Additional Contact Person 2:	
Names:	Relationship to Child:
Mobile Ph. No:	Home Ph. No:
Medical Information	
Please provide details of any anaphylaxis, allergy, intolerance, asthma, or other medical condition or treatment that may affect your child:	
Please provide details of any additional needs (developmental concerns, diagnosis/undergoing assessment)	
Please provide details of any family preferences or cultural/religious beliefs you would like us to follow (dietary, sunscreens, celebrations etc)	

Child Information:

Does your child have a comforter? *Please provide details*	Does your child sleep during the day? *Please provide details*
Is your child currently toilet training/trained? *Please provide details*	Does your child require bottles during the day? *Please provide details*
What does your child like to eat at home? *Please provide details*	What experiences does your child enjoy participating in?
Does your child have siblings? *Please provide details*	Does your family have pets? *Please provide details*
Have you given permission for: Administering Paracetamol **Yes No** Observations **Yes No** Photographs to share **Yes No** Local Excursions **Yes No** Emergency Medical Treatment **Yes No** Applying Sunscreen **Yes No** Applying Non scheduled creams **Yes No** Health Plans to be displayed **Yes No**	Are you happy for your child to participate in activities which celebrate: Christmas **Yes No** Easter **Yes No** Birthday's **Yes No** Mother's Day **Yes No** Father's Day **Yes No** Other Cultural Celebrations **Yes No**
Does your child have any known fears or dislikes?	Would any of your family members be interested in participating in our programs? *Please provide details*
Please provide any other information that you think would be useful for the us to know:	
Parent Signature	Date: