

ADDITIONAL CHILD'S DETAILS:

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ MALE FEMALE CUSTOMER REFERENCE NUMBER (CRN): _____

IMPORTANT INFORMATION ABOUT YOUR CHILD:

Does your child have any allergies? Yes No
If yes please provide details and attach an action plan for allergic reactions.

Does your child have any current medical conditions? Yes No
If yes please provide details and attach an action plan for medical condition.

Does your child take any regular medications? Yes No
Eg Ventolin. If yes please provide details.

Does your child have any special dietary needs? Yes No
Eg Vegetarian, intolerances, religious beliefs. If yes please provide details.

Does your child have additional needs? Yes No
If yes please provide details below
(special comforts, sleeping, toileting, routine, developmental/behavioural)

Please provide details for above: _____

DOCTOR: _____ PHONE: _____ ADDRESS: _____

ESTIMATED START DATE FOR FULL TIME SCHOOL: _____ 1ST LANGUAGE: _____

IMMUNISATION DETAILS: Copy of original immunisation required.

2 Months 4 Months 6 Months 12 Months 18 Months 4 Years Other (please list)

BOOKING REQUEST DETAILS:

Centre	Monday	Tuesday	Wednesday	Thursday	Friday
LDC Pedder Street 7.30am–6.00 pm					
Pre-School Long 8.30am–5.30pm OR Short 8.30am–3.00 pm					
West Launceston ASC 3.00-6.00pm and/or Vacation Care 8.00-6.00pm					
Youngtown ASC 3.00-6.00pm					