

# BAMBI KINDERGARTEN

## PERSONAL INFORMATION RECORD FORM

As we are responsible for your child while he or she is attending our centre, we would like to know as much about your child as possible to help us understand him or her and to program appropriately for their optimum development in all areas.

Some background information on your family life and attitudes also helps considerably to program for the development of your child.

**Please ensure that you notify us of any changes of address or phone numbers.**

NAME OF CHILD \_\_\_\_\_ (M / F) BIRTH DATE \_\_\_\_\_  
Surname Given Name Date of Birth must be Confirmed by (please circle)

NAME CHILD IS USUALLY CALLED \_\_\_\_\_ **Birth Certificate / Blue Book**

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ LANGUAGE SPOKEN AT HOME \_\_\_\_\_

RELIGION \_\_\_\_\_ CULTURAL BACKGROUND \_\_\_\_\_

Are you or your Child of Aboriginal or Torres Strait Islander descent? YES / NO

MOTHER'S FULL NAME \_\_\_\_\_ CULTURAL BACKGROUND \_\_\_\_\_

AND ANY OTHER NAME MOTHER IS KNOWN BY (in full) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE NUMBERS (H) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Work) \_\_\_\_\_

WORK HOURS \_\_\_\_\_ (Mobile) \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ CULTURAL BACKGROUND \_\_\_\_\_

AND ANY OTHER NAME FATHER IS KNOWN BY (in full) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE NUMBERS (H) \_\_\_\_\_

ADDRESS \_\_\_\_\_ (Work) \_\_\_\_\_

WORK HOURS \_\_\_\_\_ (Mobile) \_\_\_\_\_

| NAMES OF BROTHERS AND/OR SISTERS | AGE | SEX (M/F) | LIVING AT HOME |
|----------------------------------|-----|-----------|----------------|
|                                  |     |           |                |
|                                  |     |           |                |
|                                  |     |           |                |
|                                  |     |           |                |

DAYS ENROLLED - M T W Th F (please circle choice)

ROOM - Lilli Pilli / Blue Gum

HOURS OF PROGRAMMED CARE - 9.00 am to 3.30 pm

EXTENDED HOURS REQUIRED - 8.00 am / 8.30 am / 3.30 pm to 4.00 pm



Are there any Court Orders affecting the custody of your child? YES / NO

Details: \_\_\_\_\_

*Original Court Order must be sighted and photocopy attached to this form.*

|   |
|---|
| Original Court Order Sighted - YES / NO |
|---|

**MEDICAL HISTORY - IMMUNISATION RECORD**

Is your child's immunisation status up-to-date? YES / NO

Comment \_\_\_\_\_

|  |
|--|
| <b>Immunisation page in BLUE BOOK Photocopied YES / NO</b> |
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**HAS YOUR CHILD HAD ANY OF THE FOLLOWING COMMUNICABLE DISEASES?**

German Measles Yes / No      Chicken Pox Yes / No      Measles Yes / No

Mumps Yes / No      Whooping Cough Yes / No      Other \_\_\_\_\_

Any serious illnesses or hospitalisation? \_\_\_\_\_

**LOTION / CREAM MEDICATION:**

**I give permission for my child to have applied** (tick box applicable for use on your child at Bambi Kindergarten):

|                                   |                          |
|-----------------------------------|--------------------------|
| Sunscreen cream/lotion            | <input type="checkbox"/> |
| Nappy Rash Cream/lotion           | <input type="checkbox"/> |
| Unprescribed cream/lotion - Name: | <input type="checkbox"/> |

|                          |                          |
|--------------------------|--------------------------|
| Insect Bite cream/lotion | <input type="checkbox"/> |
| Powder                   | <input type="checkbox"/> |
| Other - Name:            | <input type="checkbox"/> |

|             |                          |
|-------------|--------------------------|
| Nappy Wipes | <input type="checkbox"/> |
| Face Wipes  | <input type="checkbox"/> |

|  |
|--|
| <b>Bambi Kindergarten is a "NUT FREE ZONE"</b> |
|--|

Any known allergies? (asthma, hayfever, food, bites, etc.) \_\_\_\_\_

Has your child had a convulsion with a high temperature? \_\_\_\_\_

Does your child suffer with Epilepsy? YES / NO

Does your child suffer any other medical condition? YES / NO (If YES, please specify)

Is your child taking any medication? \_\_\_\_\_

Does your child have Grommets? YES / NO

Detail any previous or continuing **support groups** your child has had contact with (eg. Speech Pathology, Occupational Therapist, Paediatrician etc.):

**NAME OF SUPPORT GROUP / PERSON****REASON**

1) \_\_\_\_\_ Phone No. \_\_\_\_\_ - \_\_\_\_\_

2) \_\_\_\_\_ Phone No. \_\_\_\_\_ - \_\_\_\_\_

Any other medical information \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Was pregnancy average? YES / NO Details (eg. normal, ceasar, breech, etc.) \_\_\_\_\_

At what age did your child - Crawl: \_\_\_\_\_ Walk: \_\_\_\_\_

Self-feed: \_\_\_\_\_ Talk in sentences \_\_\_\_\_

Is your child toilet trained / toilet timed / in nappies? \_\_\_\_\_

Does your child still wet at night? \_\_\_\_\_

Is your child concerned about using the bathroom? \_\_\_\_\_

**EATING HABITS** - Does your child chew solid foods? (chops, steak, hard fruit etc.) YES / NO

Special Diets? \_\_\_\_\_

**SLEEPING HABITS** - Does your child have an afternoon sleep? YES / NO**MISCELLANEOUS**

Is your child particularly frightened of anything? (eg. animals, closed doors, noises etc.)

Brief description of the expectations you have for your child in pre-school: \_\_\_\_\_

Any other comments about your child that you feel might help us to understand him / her: \_\_\_\_\_

Any particular family traditions, ethnic/religious festivities, discipline techniques etc. practiced at home:

**CURRENT FEES:** **Annual Subscription = \$40.00** (non refundable, payable per annum/per family)**BOND** – equivalent to two weeks fees**\$33.00 per day from 9.00 am to 3.30 pm****\$26.00 = Economic Level 3** (combined gross income between \$27,500 to \$40,500)**\$21.00 = Economic Level 2** (combined gross income between \$20,500 to \$27,500)**\$16.00 = Economic Level 1** (combined gross income below \$20,500)**Extended Hours of Care** – from 8.00 am to 9.00 am = \$4.00

from 8.30 am to 9.00 am = \$2.00

from 3.30 pm to 4.00 pm = \$2.00

**Penalty after 4.00 pm of \$20.00 for every 15 minutes or part thereof.****Bambi Kindergarten is not licenced to have children on the premises after 4.00 pm.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_