



# HNB LONG DAY CARE & PRE-SCHOOL

32 Anderson Avenue, Mt. Pritchard NSW 2170

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Service Provider No. 555-002-345C

## CHILD'S PERSONAL INFORMATION RECORD

As we are responsible for your child during their attendance at HNB Child Care Centre, the information provided will enable us to understand and relate to your child better. All information provided will be kept confidential.

CHILD'S Details		Gender:	Male	Female		
Child's Given Name:		Surname:				
Address:						
		Post Code:				
Birth Date:		Birth Place:				
Child's Centrelink No. (if any)						
Language spoken at home:		Religion				
Days of Attendance: Mon Tues Wed Thurs Fri		Starting Date:				
MOTHER'S Details		Primary Contact	Secondary Contact			
Mother's Given Name		Surname				
Address: (If different from child's address)						
Contact Details:		Home:	Work:	Mobile:		
Nationality:		Language Spoken at home:				
Employment Status:		Working	Seeking work	Unemployed	Studying	
If employed: Occupation		Hours:				
Marital Status:		Single	Married	Divorced	Separated	De Facto
FATHER'S Details		Primary Contact	Secondary Contact			
Father's Given Name:		Surname				
Address: (If different from child's address)						
Contact Details:		Home:	Work:	Mobile:		
Nationality:		Language Spoken at Home:				
Employment Status:		Working	Seeking work	Unemployed	Studying	
If employed: Occupation:		Hours:				
Marital Status:		Single	Married	Divorced	Separated	De Facto
Benefit Received (if applicable)		Family	Pension	Child Care		
Other: (Please specify)						

EMERGENCY CONTACTS (OTHER THAN PARENTS)	
1. Full Name:	Relation to Child
Address	Phone No.
2. Full Name:	Relation to Child
Address	Phone No.

### OTHER PERSONS AUTHORISED TO PICK UP YOUR CHILD FROM THE CENTRE (Must be over 18 years old)

(Arrangements must still be made with the Supervisor on duty prior to pick up time.)

Name	Address	Tel. No.

Child's Doctor	Tel No.	
Address:		
Child's Dentist:	Tel. No.	
Address:		
Medicare Number	Private Health Fund (if any)	
<b>FAMILY INFORMATION:</b>		
Current status:	Single	Married
	Separated	Divorced
	De Facto	
Are there any Court Orders pertaining to your child?	Yes	No
If yes, please provide details:		
Are there any other children currently living at home with your child? Yes No		
Name	Relation to child	Age
<b>Type of Dwelling:</b>	House	Townhouse
	Unit	Caravan
	Other	
<b>Have there been any changes to your family recently?</b>	Yes	No
If Yes, please provide details:		
<b>Has this affected your child in any way?</b>	Yes	No
If Yes, please provide details:		
<b>Are there any religious or cultural taboos relating to your child's upbringing that we should respect?</b>		
Yes	No	(If yes, please provide details)
<b>INFORMATION ABOUT YOUR CHILD</b>		
<b>Has your child been left with other people?</b>	Yes	No
How did your child cope being left with other people?	Relatives	Friends
	Family Day Care	Baby-sitter
	Occasional Care	Pre School
	Child Care Centre	Other
<b>Does your child have a favourite toy?</b>	Yes	No
		What is it?
<b>Does your child prefer :</b>	Indoors	Outdoors
<b>Does your child prefer :</b>	Being alone	Being with other children
<b>CHILD'S MEDICAL INFORMATION</b>		
<b>Immunisation Record</b>	Received _____	Date _____
<i>(Please provide blue book or a doctor's certificate confirming immunization and dates.)</i>		
<b>Has your child ever had any of the following?</b>	Measles	Mumps
	Chicken Pox	German Measles
<b>Has your child suffered or still suffering from:</b>		
	Convulsions	Heart problems
	Epilepsy	Asthma
		Anaphylaxis.
If yes, to any of these conditions, please detail medical problem, medication. (Attach separate sheet, If required.)		
<b>Does your child require any special attention for a medical condition?</b>	Yes	No
Please explain in detail.		
<b>Recurring Medical problems?</b>	Tonsils	Ears etc.
Please identify.		
<b>Does your child have any allergies?</b> Food, medication, bee stings, etc.)		
Describe any dislikes, fears, or phobias which your child may have?		
<b>Does your child have any disability?</b>	Yes	No
If yes, please provide details.		

CHILD'S ROUTINES			
<b>Toileting</b>	Is your child toilet trained	Yes	No
	Have you commenced a toilet training program?		
	Please provide details.		
	What term is used for toileting in your home?		
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<b>Sleep</b>	What time does your child go to sleep at night?		
	What time does your child wake up in the morning?		
	How long does your child sleep during the day?		
	How do you settle your child down to sleep?		
	To sleep, does your child need a – bottle - dummy - pillow?	Yes	No
	Please provide details.		
	What term is used for sleep or rest in your home?		
Any other comments about your child's sleeping habits?			
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<b>Food</b>	<b>For Newborns to 2 ½ years old</b>		
	Does your child use: Training cup / Bottle/ Spoon/ Fork		
	What solids does your child eat?		
	What time does your child eat?		
	Morning Tea                      Lunch                      Afternoon Tea		
	Any types of food that your child is not allowed to have? If yes, please specify:	Yes	No
	<b>For Ages 2 ½ to 5 years old</b>		
	What are your child's favourite foods?		
	Does your child eat with the family?	Yes	No
Any additional comments re food or your child's eating habits?			

**Parents Declaration:**

I hereby declare that:

- a) All information recorded on this form is true and correct.
- b) I will, if required, produce evidence in support of the information provided.
- c) I undertake to advise the Child Care Centre of any changes to the information provided on this form as they change and/or occur.

Parent's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

*For office Use only*


HNB Management \_\_\_\_\_ Date: \_\_\_\_\_