Whittlesea Community Connections
Making a positive difference everyday

Women In Work

Childs Name				Family Name	
		Gender	M F I		
Address					
	Postcode			Date of Birth	
Country of Birth				Year of arrival in Australia	
Language spoken at home				Cultural identity	
Parent's Name				Mobile	
Other Phone no				Email	
Other languages					
Does your child have any medical/health problems	Yes / No				
If yes, please give more info					
Does you child have any allergies?	Yes / No What kind?				
Does your child have any special needs? If yes, please describe	Food?		Disability		Other
Does your child regularly take any medicine?	Yes / No		If yes, what is it?		
Second Emergency Contact				Relationship to child	
Mobile				Other phone numbers	
Name of Doctor/Medical Centre					
Telephone				Medicare Number (optional)	
What Does you child need help with?					

Child Care Registration and Consent Form