



At Home
FAMILY DAY CARE SCHEME

Child Profile

Family Name:

Child's Name:

D.O.B:

Gender: Male Female

Enrolment ID Number:

Enrolment Notice Issued Enrolment Confirmed CWA

Enrolment Form including Emergency Contacts

Care Arrangement & Authorisations (2nd Page)

Courts Orders, Parenting Orders or Parenting Plans

Media Permission (Photographs/Social Media) Yes No

Medical Conditions: Yes No

Details: _____

Medical Action Plans & Risk Assessments

Medication Permission Forms

Medication Records

Incident, injury, trauma, and illness Records

Minor Incident Records

Hubworks
<input type="checkbox"/> Immunisation History Statement
<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Birth Certificate

