

# Program Enquiry Form



## Office Use Only

Initial Support Officer: \_\_\_\_\_ Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Enquiry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you identify as: ATSI [ ] CALD [ ]

Concession Card? Y [ ] Child Allergies: Y [ ] N [ ] if yes, details: \_\_\_\_\_

Type of grief / loss? (please circle) SEPARATION ILLNESS DEATH OTHER

## CONTACT DETAILS

Primary Caregiver: (relationship) \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Referral Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

## CHILD ONE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Program? \_\_\_\_\_ Day? \_\_\_\_\_

Gender: (please circle) Boy Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

## CHILD TWO

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Program? \_\_\_\_\_ Day? \_\_\_\_\_

Gender: (please circle) Boy Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

## CHILD THREE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Program? \_\_\_\_\_ Day? \_\_\_\_\_

Gender: (please circle) Boy Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

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## QUESTIONS

Has your child been diagnosed with, or do you suspect that your child is suffering from any health or medical condition?

Diagnosed: \_\_\_\_\_

Suspected: \_\_\_\_\_

Please describe any behaviours that are particularly concerning to you or others:

Has your child ever been exposed to any traumatic or stressful events such as addictions, domestic violence or similar?

## EMERGENCY CONTACT

Full Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Relationship to you: \_\_\_\_\_ (friend or relative not at the same address as you)

The above information is true to the best of my knowledge. Y [ ] N [ ] I authorise Paradise Kids to contact other departments/services/medical surgeries if required to access further information about my child. Y [ ] N [ ] I would like to be informed by Paradise Kids of special events and programs that are of value to me and my child. Y [ ] N [ ]

Parent / Caregiver Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_