

**2019 REGISTRATION FORM**

**This form is for families that have an existing enrolment with PCCC**

**Childs Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child:

	1. have special educational needs, developmental delays, physical impairments **YES ( ) NO ( )**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. receive services such as speech therapy, psychology, paediatrics, Early Intervention? **YES ( ) NO ( )**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your child anaphylactic? **YES ( ) NO ( )**
2. Does your child have specific healthcare needs? (asthma, epilepsy, allergies) ***please circle* YES ( ) NO ( )**
3. Are there court orders relating to your child? If yes, you **must** provide a copy **YES ( ) NO ( )**
4. Do you wish to add or remove an **authorised person** to collect your child, if so please list them below:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Add / Remove**

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A PICTURE OF YOUR CHILD**

Each year as children grow, they transition to new Programs and our educators also change Programs. For our children and their families this means starting the year in a new room and potentially with new staff.

To assist in providing your child with a smooth transition into their Programs we would like to offer your family the opportunity to meet with your child’s Program Leader at the commencement of the year.

**Yes, I would like the opportunity to meet with my child’s Program Leader at the start of the year**

**No, I would not like the opportunity to meet with my child’s Program Leader at the start of the year**

**FAMILY INVOLVEMENT**

Family involvement in our Programs is welcomed, valued and encouraged. If you have a skill, interest or talent that you could share with any of our Programs, please let us know and we can discuss with you how you could get involved.

**Yes, I am happy to help out in my child’s Programs, my interest areas is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No, I am unable to help out at my child’s Program**