



Children's Services

Expression of Interest – Long Day Care

Service:	Kathleen Millikan Centre
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Date of Enquiry:	
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Child's Name:	
Date of Birth:	
Parent/Guardian Name:	
Contact Phone Number:	

SESSION TIMES	Full Day	Morning	Afternoon	Before Kinder Care	After Kinder Care	Before School Care	After School Care
Casterton	7:45am - 5:45pm	7:45am - 12:45pm	12:45pm - 5:45pm	Tue/Wed/Thur 7:45am - 9:00am	Tue/Wed/Thur 2:00pm - 5:45pm	7:45am - 9:00am	3:15pm - 5:45pm

Day/s required (please state whether ½ or full day sessions):

Priority of access (please tick):			
Child at risk of harm or abuse	<input type="checkbox"/>	Work/Study	<input type="checkbox"/>
Social	<input type="checkbox"/>		

Do you have one of the following?	Yes	No
- Commonwealth Health Care Card	<input type="checkbox"/>	<input type="checkbox"/>

Court Orders:	Yes	No
Are there any Court Orders which affect the child? <i>(If yes, please attach a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Orders:	Yes	No
Are there any Intervention Orders which affect the child? <i>(If yes, please attach a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>



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Health and Wellbeing (please tick):	Yes	No
Does your child have Anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any allergies? This is a medical diagnosed allergy. <i>(If yes, please provide detailed list of allergies and symptoms – spots, breathing difficulties, etc.)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any development delays or disabilities (including intellectual, sensory or physical impairment) or any other additional needs (including behavioural needs)? <i>(If yes, please provide detail)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any dietary restrictions? <i>(If yes, please provide detail)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

Immunisation:	Yes	No
Is your child up to date with their immunisations? <i>(If no, please state reason)</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>A copy of the child's up to date Australian Immunisation Register (AIR) Immunisation History Statement is required. Upon enrolment offer, Parents/Guardians will need to download or print a copy of their child's AIR Immunisation History Statement from:</p> <ul style="list-style-type: none"> • their myGov account; or • call AIR on phone 1800 653 809; or • visit a Medicare or Centrelink office 		

Office Use Only			
To be signed by Staff Member when accepting EOI:			
Staff name:			
Signed:		Date:	
Place available and Parent/Guardian contacted by Senior Educators			

Completed form to be taken to centre or emailed to
childrenservicesenquiry@glenelg.vic.gov.au