

# Enrolment Form “B” - Additional Needs Information

*The following form is to be completed for children who have additional health or other support needs. If you child does not have any additional needs, please disregard this form.*

Child’s Name: \_\_\_\_\_ Childs D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Additional/ Health Needs: \_\_\_\_\_

## INFORMATION TO HELP SUPPORT YOUR CHILD:

*Please provide us with a copy of any current and relevant information relating to your child’s additional needs e.g. Diagnosis, Medical Management/ Action Plan etc. This information will assist our educators to support your child’s inclusion in our program and will also assist with support funding applications if required.*

YES / NO Has your child previously received Inclusion Support or other support funding in an Early Childhood, School or OOSH setting?

Please outline any professional agencies currently supporting or working with your child:

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Please provide more information on your child’s additional needs to assist our staff in enabling them to include your child in our daily program (e.g. food/ health requirements, behavior management strategies, triggers etc.):

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Please outline where you believe your child will require the most support: e.g. toileting, medication administration, engaging with peers:

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Additional information to assist staff:

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*Please note that parents will need to review this form each time that there is a change to your child’s condition.*

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_