

## Huon Valley Council Children's Services - Family Information Update

\* **Parent/Carer (1) Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ **CRN:** \_\_\_\_\_

Aboriginal  Torres Strait Islander  Email Address: \_\_\_\_\_

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

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Full time  Part time

\* **Parent/Carer (2) Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ **CRN:** \_\_\_\_\_

Aboriginal  Torres Strait Islander

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

Telephone number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Full time  Part time

Children(s) Name (s)	Child's CRN	School/Grade	DOB	Please tick appropriate Service(s)
Child Disability <input type="checkbox"/> Special Needs <input type="checkbox"/> Date Diagnosed _____	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>			<input type="checkbox"/> Cott <input type="checkbox"/> Dover <input type="checkbox"/> ASC <input type="checkbox"/> Vac Care <input type="checkbox"/> GELCC
Child Disability <input type="checkbox"/> Special Needs <input type="checkbox"/> Date Diagnosed _____	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>			<input type="checkbox"/> Cott <input type="checkbox"/> Dover <input type="checkbox"/> ASC <input type="checkbox"/> Vac Care <input type="checkbox"/> GELCC
Child Disability <input type="checkbox"/> Special Needs <input type="checkbox"/> Date Diagnosed _____	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>			<input type="checkbox"/> Cott <input type="checkbox"/> Dover <input type="checkbox"/> ASC <input type="checkbox"/> Vac Care <input type="checkbox"/> GELCC
Child Disability <input type="checkbox"/> Special Needs <input type="checkbox"/> Date Diagnosed _____	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>			<input type="checkbox"/> Cott <input type="checkbox"/> Dover <input type="checkbox"/> ASC <input type="checkbox"/> Vac Care <input type="checkbox"/> GELCC

**Emergency Contact and / or Authority to collect (please cross out if one is not applicable)**

Please ensure that the individuals are able to be contacted during the time that your child is in care and will collect your child if you are unable to. If you wish to remove previous emergency contact or authority to collect individuals, then the request must be provided in writing.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor contact details: Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

\_\_\_\_\_ (care plan may be required)

Account is to be paid by: \_\_\_\_\_

Account is to be addressed to: \_\_\_\_\_

\_\_\_\_\_

Children's Services regularly utilize photographs / videos of the children in care for promotional and study purposes. If you don't wish your child to be photographed please advise the office in writing.

Children's Services Office needs to know if your work situation changes, have updated immunisation details relating to your child and be advised if you child commences school full time.

I/We undertake to notify Children's Services of any changes to the above information

The personal information requested on this form is being collected by the Council for the purposes of childcare and the *Education and Care Service National Law Act 2010* and will be used for those primary purposes. The intended recipients of the information are Council Officers and State and Commonwealth Government Departments. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.

Failure to provide this information may result in your application for care not being able to be processed or the service not being able to be provided. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may make application for access or amendment to your information in writing to the General Manager, PO Box 210, Huonville 7109. You may be charged a fee for this service.

Parents Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use: Date received: \_\_\_/\_\_\_/\_\_\_

Computer up-dated: \_\_\_/\_\_\_/\_\_\_

Copies provided to: \_\_\_\_\_

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

Staff Initial: \_\_\_\_\_