

PLEASE ATTACH: **Immunisation History Statement** **Original Birth Certificate** **Medical Plan**

Child Information

First Name: Surname:
 Preferred Name: Has your child been known by any other name? Yes No
 Other Name(s): Date of birth: Male Female
 Residential Address: Post Code:
 Place of birth: Religion:
 Ethnic & cultural identity of the child: Ethnic & cultural identity of parents/carer:
 Primary language spoken by the child: Primary language spoken by parents/carer:
 Is the family of Aboriginal or Torres Strait Islander descent? Yes No
 Do you have a Low-Income Family Health Care Card or Pension Card? Yes No
 Card Number: Expiry Date:
 Where did you hear about Windsor Preschool?
 Preferred day(s) to attend (if available)? Monday Tuesday Wednesday Thursday Friday

Parent / Caregiver Information

	Parent / Caregiver 1 Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent / Caregiver 2 Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to the child:		
Full name:		
Are you known by any other name(s)? If so, please advise:		
Address: (If different from child's address, otherwise write "as above"):		
Date of birth:		
Country of birth:		
Home phone number:		
Mobile number:		
Email address:		
Occupation:		
Employment status:	<input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Shift work <input type="checkbox"/> Home duties <input type="checkbox"/> Studying	<input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Shift work <input type="checkbox"/> Home duties <input type="checkbox"/> Studying
Employer Name:		
Work address:		
Work phone number:		
Preferred method of contact:	<input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email	<input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Email

Family Information

Please list the children in your family (oldest to youngest).

Has this sibling attended Windsor Preschool?

Name:	Relationship to enrolled child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to enrolled child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to enrolled child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship to enrolled child?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family marital status: Both parents at home Sole parent Shared Custody Other.....

If parents of the child are separated or divorced, who has legal custody of the child? Parent 1 Parent 2 Both

Parent 1 access arrangements? Full Limited Parent 2 access arrangements? Full Limited

If access is Limited, does this parent see the child on a regular basis? Yes No How often?

Are there any court orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child? Yes No *If Yes, please attach the relevant documentation.*

Is there any person who **must not** have access to your child? Yes No Pending

If Yes or Pending please provide details:

.....

.....

Any and all papers relating to custody and residential access arrangements (including copies of any relevant Court Order) must be submitted to the Director. All forms must be signed, dated and stamped. Upon receipt of this documentation Preschool staff will take every reasonable action to prevent the above named person from having access to your child in accordance with the instruction on the documentation received. (Please refer to the Family Law and Access Policy for further information).

Emergency Contact Information

Please provide up to three (3) people we can contact in the case of an illness or emergency where the Parent/Caregiver (1 or 2) cannot be contacted or where the Parent/Caregiver cannot pick the child up by 4:00pm and requires another person to collect. Please note that persons under the age of 18 cannot collect a child from the premises. All emergency contacts must provide proof of identification to a staff member when collecting the child.

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Relationship to the child:			
Full name:			
Address:			
Home Phone Number:			
Mobile Number:			
This person has authority to:	<input type="checkbox"/> Deliver/Collect the child <input type="checkbox"/> Consent to excursions/incursions <input type="checkbox"/> Consent to medical treatment for your child <input type="checkbox"/> Permit transportation of your child by an ambulance service <input type="checkbox"/> Request/Consent to the administration of medication <input type="checkbox"/> If Parent/Caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness of your child	<input type="checkbox"/> Deliver/Collect the child <input type="checkbox"/> Consent to excursions/incursions <input type="checkbox"/> Consent to medical treatment for your child <input type="checkbox"/> Permit transportation of your child by an ambulance service <input type="checkbox"/> Request/Consent to the administration of medication <input type="checkbox"/> If Parent/Caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness of your child	<input type="checkbox"/> Deliver/Collect the child <input type="checkbox"/> Consent to excursions/incursions <input type="checkbox"/> Consent to medical treatment for your child <input type="checkbox"/> Permit transportation of your child by an ambulance service <input type="checkbox"/> Request/Consent to the administration of medication <input type="checkbox"/> If Parent/Caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness of your child
Signature of contact in agreement to the above authorisations:

Will anyone, other than the Parent/caregivers listed above, typically bring or collect your child from preschool? Yes No

If yes, please provide their name(s) and relationship

ACCESS TO CHILDREN

Written authorization must be given for any person(s) who will collect your child from this Preschool. Procedures outlined in the Parent Information Book must be followed if you or your emergency contacts are unable to pick up your child. Any new contact must be authorized in writing before pick up time. All emergency contacts must be over 18 years of age. The staff at Windsor Preschool will take every reasonable action to prevent the access of any unauthorized person to your child in consideration with the safety off all persons within the Centre. Please refer to Custody and Access Policies for further information.

I/we have read, understood and agree to abide by the Access to Children conditions of enrolment.

Parent/Caregiver 1: Signature Date:.....

Parent/Caregiver 2: Signature Date.....

Medical Information

Medicare Number: Child's Number on the card:.....

Health Fund: Member Number:..... Ambulance Cover? Y

Family Doctor:..... Telephone Number:.....

Family Doctor's address:

Family Dentist: Telephone Number:.....

Family Dentist address:

Has your child had any of the following?

Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear infection(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Throat infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fevers / Fits	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other

Are your child's immunisations up to date? Yes No If No, are they on a catch up plan? Yes No

Please attach your child's Immunisation History Statement (available from Medicare or by calling 1800 653 809)

Has your child ever been in hospital? Yes No Length of stay?

Reason for hospitalization:

Medical Information

Does your child suffer from asthma? Yes No Have they ever suffered from asthma? Yes No

If yes, we will require an **Asthma Action Plan** to be completed and signed by your Doctor. **Your child will not be permitted to attend the preschool until this has been received.** All prescription medication must be correctly labelled and brought to the preschool each day your child attends. Please see the Medical Conditions Policy for further information.

What are the symptoms when your child has an asthma attack?

What triggers your child's asthma?

What medication(s) have been prescribed?

What method does your child use to take their asthma medication? (i.e. spacer, spacer with mask etc)

Does your child suffer from any allergies? Yes No If so, to what?

If no, have they ever had an allergic reaction? Yes No If so, to what?

Has a doctor diagnosed this allergy? Yes No Is this a severe allergy? (anaphylaxis?) Yes No

If yes, we will require an **Anaphylaxis/Allergy Plan** to be completed and signed by your Doctor. **Your child will not be permitted to attend the preschool until this has been received.** All prescription medication must be correctly labelled and brought to the preschool each day your child attends. Please see the Medical Conditions Policy for further information.

What are the symptoms when your child has an allergic reaction?

What triggers your child's allergy?

What medication(s) have been prescribed?

Has your child been prescribed an adrenaline autoinjector i.e. EpiPen? Yes No

If your child has been prescribed an adrenaline autoinjector, you will need to provide Windsor Preschool with one, in a washpack, clearly labelled with your child's name. The autoinjector must be renewed prior to the expiry date. Each time your child is prescribed a new adrenaline autoinjector, the doctor should issue and updated ASCIA Action Plan for Anaphylaxis and a copy given to Windsor Preschool by the Parent/Caregiver.

Does your child have any other medical conditions, intolerances or dietary requirements we would need to know about?

Yes No *If yes, please provide further information.*

.....
.....
If yes, you may need to complete a separate Emergency Action Plan.

AMBULANCE AUTHORITY

In the event of my child suffering an acute illness, serious injury and/or it is deemed necessary and the Director or their delegate is unable to contact me/us or other persons so authorised by me/us, then, I/we consent to the Centre seeking and carrying out on my behalf medical, dental or hospital attention for my child and I/we accept liability for any medical, dental or ambulance costs that may be incurred. If there is an accident or incident where my child receives a head injury, regardless of severity, the Centre will contact me/us immediately.

I understand that the staff at Windsor Preschool will complete an Accident/Incident Form or an Illness form for me/us to sign and that a copy will be given to me. I/we understand that a second copy will be kept securely with my child's enrolment information and will be disposed of at the appropriate time.

Are there any special considerations (i.e. religious) in case of necessary medical treatment?

.....
Parent/Caregiver 1: Signature Date:.....

Parent/Caregiver 2: Signature Date.....

Development and Language Information

Do you have any comments on your child's speech development you could share with us? Is your child a clear speaker? Can you understand your child? Can other people understand your child? Do you have any concerns about your child's communication skills that you could tell us about?

.....
.....
Do you have any concerns about your child's development? This can include development or social delay, behaviour, hearing or sight impairment, physical impairment? Yes No *If yes, please describe.*

.....
.....
Have you taken your child to a doctor, specialist or health service to address these concerns? Yes No

If yes, please specify and provide copies of any assessments and/or reports and contact information of treating specialist.

.....
.....
Has a diagnosis of your child's development or condition been made? Yes No *If yes, please advise.*

.....
.....
Are there any special requirements relating to your child's development or condition? Yes No *If yes, please comment.*

Is your child toilet trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your child used to being with other children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child used to being with adults (other than parents)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your child used to being cared for someone who is not a family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you need more room please provide further information on a separate sheet.

Permissions

ACCEPTANCE AND REFUSAL OF AUTHORISATION

Windsor Preschool Association requires authorisation for administration of medications, collection of children, excursions and providing access to personal records. We will ensure that we only act in accordance with correct authorisation as described in the *Education and Care Services National Regulations, 2011* and correct authorisation is obtained, referred to and applied appropriately ensuring reduction in possible risk.

The following information outlines what constitutes a correct authorisation and what does not, which may therefore result in a refusal to comply with your request.

For example: If you bring medication for your child to the Preschool that is not labelled correctly, the Nominated Supervisor can refuse to administer this medication.

The Nominated Supervisor will thus ensure documentation relating to authorisation contains:

- the name of the child enrolled in the Service;
- the current date;
- signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
- the original form/letter/register provided by the service.

The Nominated Supervisor has right of refusal if written authorisation/information is not received, or if authorisation/information does not comply, for the following:

- the collection of children;
- administration of medication;
- emergency medical treatment;
- participation in excursions/incursions and
- access to records.

The Nominated Supervisor will keep these authorisations in the enrolment record. The Nominated Supervisor will waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The Service can administer medication without authorisation in these cases, provided the contact the parent/guardian as soon as practicable after the medication has been administered.

CONFIDENTIALITY

1 The Preschool staff and Management Board respect the confidentiality of all families at all times and therefore cannot discuss matters relating to another child or family to yourself or to others. All staff and Committee members sign a confidentiality agreement to this effect.

2. Issues regarding children and late payment of fees may be discussed at the Management Board meetings.

3. Issues regarding children and the Centre that relate to programming/individual specialised programs and behaviour guidance may be discussed at staff meetings.

4. Allergy/intolerance/asthma lists will be displayed near the First Aid boxes in each room, your child's first name will be written on the staff's Medicine Reminder Board and are open to public scrutiny. This is in the interests of your child's wellbeing if an emergency situation arises. Refer to Confidentiality and Health Policies for further information.

Please sign below to confirm you have read and understood the *Acceptance and Refusal of Authorisation & Confidentiality* conditions.

Parent/Caregiver 1: Signature Date:.....

Parent/Caregiver 2: Signature Date.....

PRIVACY MANAGEMENT STATEMENT

- 1 The primary purpose our service collects information is to enable Windsor Preschool to provide your child with an individual developmentally appropriate program that is educational, stimulating, nurturing and safe.
2. Windsor Preschool requires certain information to be collected, in accordance with administration of Child Care Benefit, regulations or legislation that directly relate to the operation of a children's service.
3. Windsor Preschool discloses personal and sensitive information to the service's staff for the specific purpose of administration and education of your child.
4. Windsor Preschool will obtain parent/guardian permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.
5. Personal information collected about children is regularly disclosed to their own parents/guardians. On occasion's information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our building.
6. Parents/Caregivers have the right to access personal information collected about them or their child however, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the service's duty of care to the child or where children have provided information in confidence.
7. Windsor Preschool will include your child's name, age and specific needs in their Parent's/Carer's focus children's folder. Windsor Preschool may include your emergency contact details in a class list and in Windsor Preschool contact directory. Access to these is generally limited to the staff at Windsor Preschool.
8. If you provide Windsor Preschool with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the Centre and why. You will also need to inform them that they can access that information if they wish to do so.
9. Windsor Preschool takes all reasonable precautions to ensure the personal information that we collect, use and disclose is accurate, complete and up to date. Please ensure you inform the service of any changes to the information supplied.

GRIEVANCE PROCEDURE

If, at any time, you have any concerns or complaints regarding the staff, children or anything pertaining to the running of the Preschool, please discuss these with the Director. However, if for any reason you feel that you cannot discuss these questions or problems with the Director, please follow the procedures as stated in the Grievance Policy located in the Policy book in the Office or the procedures in the Parent Information booklet (refer to Parent Information Policy – Grievances).

SHOWS AND PERFORMERS AT PRESCHOOL

Several times during the year, Windsor Preschool will book shows and performances to be held at preschool for all children to participate. Shows are organised on different days of the week, giving all children the opportunity to see a show on a day that they are in attendance. When a show is planned on a day that your child does not usually attend Preschool, they are welcome to attend, however they must be accompanied by an adult. Information will be distributed to families approximately two (2) weeks before the show. The cost of shows and performances will be \$10.00 per child, per show and will be added to your fee account on the day of the performance and will be paid in the next billing cycle.

PHOTO PERMISSION

Photographs and/or videos of your child will be taken by staff during Preschool activities. By signing below you are giving permission for any photos and/or videos taken of my child to be used for:

1. Observation of child development by staff;
2. Promotion of the Preschool (including, but not limited to, Facebook, our website etc);
3. Observations by visiting students at the Preschool as part of their practicum requirements;
4. Observations by visiting professional teachers and/or specialist staff who are working with your child;
5. I/we give permission for my child to be included in professional group photos and/or videos that will be taken during the year with their name printed underneath.

Please also be aware that during Preschool events such as concerts, shows, graduation ceremonies, preschool dances and other events, other parents may be taking photos during these events at which your child is present. Windsor Preschool does not take responsibility for how the photos taken by other parents are used.

Any photographs taken by the Centre will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely.

Whilst every effort will be made to protect the identity of your child, Windsor Preschool Association cannot guarantee that your child will not be able to be identified from the photograph or work.

Please sign below to confirm you have read and understood the *Privacy Management, Grievance Procedure, Shows and Performers at Preschool & Photo Permission* conditions of enrolment.

Parent/Caregiver 1: Signature Date:.....

Parent/Caregiver 2: Signature Date

Sunscreen

Please sign below providing staff with consent to apply sunscreen to your child. We are unable to apply sunscreen without consent.

Parent/Caregiver 1: Signature Date:.....
Parent/Caregiver 2: Signature Date

FEES IN ARREARS

Windsor Preschool is a non-profit community based service that is funded from two income areas only – an operating grant provided by the State Government and from fees paid by parents. It is therefore imperative that all fees for childcare provided by our service be paid on time. Payment of fees must be kept two (2) weeks in advance at all times. If at any stage fees are unable to be kept two (2) weeks in advance it is the responsibility of the parent to contact and inform the Director and/or Office Administrator immediately. If fees are not two (2) weeks in advance and the Centre has not been informed of any prevailing circumstances, this will result in the implementation of the following procedure:

Actions: Management of overdue accounts

1. The parent will be contacted via telephone, email and/or letter requesting payment within seven (7) days from the date of the communication.
2. If fees remain outstanding seven (7) days from the date of the first reminder, a letter will be sent requesting payment of the overdue amount immediately and to inform the parent(s) that late fees will commence at \$35.00 per week for every week the account remains in arrears. (NB: The Management Committee will be notified when step 2 has been enacted.)
3. If, after seven (7) days, no response is received and account remains in arrears the Director or their delegate will inform the President and Treasurer via email/telephone.
4. A Final Demand letter will be sent stating the overdue fees will be subtracted from the child’s security bond if payment is not received in full within seven (7) days or a written payment plan agreed to within seven (7) days from the date of the letter.
5. If no response is received, or if the account frequently falls into arrears, the Director will cancel the child’s enrolment at the preschool. In this event, if there are any unpaid fees when the enrolment is cancelled then the Director will take steps to recover the outstanding fees through the Small Claims Court. The parent(s) will be informed via letter of our intent to do so.

Financial Hardship: any family experiencing financial hardship are encouraged to contact the Director or Office Administrator to discuss options and possible payment plans or ascertain whether any other arrangements or assistance may be available.

Please sign below to confirm you have read and understood the *Fees in Arrears* conditions of enrolment.

Parent/Caregiver 1: Signature Date:.....
Parent/Caregiver 2: Signature Date

FINAL DECLARATION

I/we have read, understood and accept the information provided to me in the Enrolment form and Information Booklet from Windsor Preschool Association. I/we confirm all the information contained in this Enrolment form is true and correct at the date of completion and that nothing pertinent to the Preschool has been withheld. I am aware that if information I/we have given is false or misleading, any decision made as a result of this enrolment application may be changed.

Where I have given personal information about people other than myself or my child, I have done so with their consent.

Please sign below to confirm your acceptance and confirmation of the *Final Declaration*.

Parent/Caregiver 1: Signature Date:.....
Parent/Caregiver 2: Signature Date

At Windsor Preschool, we utilise Kindyhub as a communication program between the Centre and Parents/Caregivers. Please complete the form below to accept their terms of use.

I/we, the parent/guardian of _____ agree to the terms of use and give consent for my personal information to be used as part of the communication purposes for delivering information to the nominated Parent/s & Guardian/s of my child/children for participation in the Centre's communication tool via Kindyhub. I understand that the information is protected by The Privacy Act 1988 under Australian Law.

Terms of use for sharing information

Sharing information outside of Kindyhub, whether it be documentation or your children's photos, is at the discretion of the family. Families are responsible to make sure what is shared is in the best interests of their children. Your child may be included in group experiences that can be viewed by the families of the other children in the group. In these instances, it is prohibited to share or upload any photos or information without the consent of those children's families.

Full name of child:..... Date of Birth:.....

Parent / Guardian 1 (Primary Carer: Y / N)

Name: Relationship to child:

Email: Signature:

Parent / Guardian 2 (Primary Carer: Y / N)

Name: Relationship to child:

Email: Signature:

Consent to use and disclosure of personal information – Department of Education

(NB: each parent or legal guardian must sign and return a copy of this form.)

I understand that Windsor Preschool Association Incorporated (*the Service*) will collect my child or legal ward's (as identified above) (*child*) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my child's enrolment application or as part of an application for funding for my child of otherwise in connection with my child's attendance at the Service, including my child's name, date of birth and sensitive information as information relating to my child's health including any disability (this may include medical records and reports) (*personal information*).

I authorise The Service to disclose my child's personal information to the New South Wales Department of Education (*Department*). I understand that the Department will only use or disclose such personal information relating to my Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions (including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including any teachers or caregivers in connection with the Service).

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

Print full name of child Date of birth:

Print full name of parent/guardian Relationship to child:

Signature of Parent/guardian..... Date:

All about My Child

Name: Date of Birth:

Insert Photo here

Please provide a brief overview of your child. This will enable us to get to know them more And provide appropriate experiences to enhance their learning and development. Every Piece of information is valuable to us. Thank you for sharing ☺

Who and/or what is important in your child's life?

My child's strengths are:

My child's interests are:

My child struggles with:

My child's favourite games/toys are:

It's important for my child to understand...

What are your goals for your child?

Office Use Only

Child's Name:		Enrolment accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Room:	Start Date:	End Date:
Day(s) attending: Monday Tuesday Wednesday Thursday Friday		Daily fee: \$
Bond: \$	Total enrolment fee: \$ (including bond and \$50 acceptance fee)	Date enrolment fee paid:

<u>ADMIN CHECKLIST</u>		Date	Initials
Copy of birth certificate received?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Immunisation History Statement received?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Court order received?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Medical Plan received?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Copy of concession card received?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Confirmation of Aboriginality received	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Direct debit form completed and received	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Entered into Hubworks	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Enter child into Hubworks schedule	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Charge association fee in Hubworks (enter as separate payment)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Add to Enrolment (census) spreadsheet	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Enter into Kindyhub and send notification	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Enter direct debit information into Easypay	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Photocopy front page of form & Interests page, place into manila folder & give to room leader	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Notify staff of: court orders, medical plans & special requirements via Medicine Reminder Board	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Provide Hat, lunchbox, library bag and t-shirt	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
Make a hat locker for child	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		