Information Form for Children Commencing Foundation in 2027

I would like my child to participate in the Huntly Road to Foundation Program.

Child's Name:	**Male** ☐	**Female** ☐
Parent/Carer's Name/s:		
Address:		
Phone numbers:		
Email address:		

Medical Information

My child has the following medical condition/diagnosis:		
My child has an allergy: Details	**Yes** ☐	**No**☐
My child suffers from asthma: Details	**Yes** ☐	**No**☐
A copy of your child's current Asthma Plan, Anaphylaxis Plan or other Medical Plan must be attached.		

☐ My child attends the following pre-school, kindergarten, childcare centre**:**

☐ My child goes not attend pre-school, kindergarten or childcare

☐ My child has been involved with the following agencies:

- ☐ Bendigo Early Intervention
- ☐ Speech Pathologist
- ☐ Occupational Therapist
- ☐ Physiotherapist
- ☐ Early Intervention Services
- ☐ Psychologist / Other

☐ My child is in Out of Home Care

☐ My child has had the following formal assessments

Signature of Parent/Carer:	Date: