**Child Starting Form**

This form is to be completed and email to ECKA Admin **(admin@ecka.org.au)** for each new child starting.

Please ensure any new children are added to the IMS with all relevant information included.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kinder name: |  | | | Year level  *(3yo, 4yo or ESK):* | | |  | |
| Group Name: |  | | | Date Commenced: | | | |  |
| Child’s Full Name: |  | | | | | | | |
| Date of Birth: |  | | Gender: | |  | | | |
| Please indicate the immunisation status for this child: | | | | | | | | |
| * The child has an up-to-date immunisation status certificate recorded * The Childs immunisation history statement indicates they have a medical condition preventing them from being fully vaccinated * The child is enrolled under the grace period and is on a recognised catch-up schedule * The child is enrolled under the grace period (not on a recognised catch-up schedule) * The child is on a recognised catch-up schedule * The child has an up-to-date immunisation status certificate recorded | | | | | | | | |
| Does this child need a high level of assistance with core activities (compared to children of a similar age) as a result of ongoing disability or health condition? | | | | | | Yes No | | |
| Does this child live with: | | | | | | | | |
| * + Parent(s)   + Informal Kinship Care   + Formal Kinship Care | | * + Foster Care   + Permanent Care   + Residential Care | | | | | | |

**ADMIN ONLY:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SMS |  | KIM |  | Council |  | IMS |  | Lists |  |