**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.

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| --- | --- | --- | --- |
| 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 |  |