**Great Start Information Form 2020 – 2021**

**For Children Commencing Grade Prep in 2021**

I would like my child to participate in the Kennington Primary School Great Start Program.

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| Child’s Name: | **Male** | **Female** |
| Parent/Carer’s Name/s: |
| Address: |
| Phone numbers: |
| Email address: |

**Medical Information**

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| --- | --- | --- |
| 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. |  |  |

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| 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: |