**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       |

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| Signature of Parent/Carer:       | Date:       |