

Please complete the below information to help with transition into the R&Os services.

Full name	
I like to be called	
Date of birth	
Parent / Legal guardian (Full names)	
Address	
School & Grade	
Email	
Phone	
Other family members / pets	

Developmental History.

Please answer yes or no to the following, if yes provide necessary details:

Communication (verbal / non-verbal, podd book, communication device, sign language)	
Is your child familiar with particular words / phrases?	
Is your child an auditory seeker / avoider?	
Vision (Glasses or contacts)	
What are your child's toileting requirements?	
Does your child require any assistance with eating or drinking?	
Does your child like sensory play?	
Can your child mobilise themselves? (mobility aids)	
Are hoists and slings used (if yes please indicate if you can send these to care)	
Sleeping habits	

Background Information.

Goals	
Interests	
Fears	
Strengths	
Challenges	
Strategies / Language used	
Common behaviours	
Triggers for meltdowns	
Things that help when distressed	

Health requirements.

Please answer yes or no to the following, if yes provide necessary details:

	YES / NO	DETAILS if YES (please attach any additional information)
Allergies / Sensitivities (food and non-food)		
Dietary Requirements		
Asthma or Breathing Issues		
Regular Medication		
Anaphylaxis / EpiPen / Anapen		
Gastrostomy / NG Feeding Tube		
Epilepsy / Seizures (when was the last seizure)		
Significant illness or infections (approximate dates)		
List of surgeries or hospitalisations (approximate dates)		
Emergency Management Plan		

Health / Behavioural assistance requirements

	YES / NO	DETAILS if YES (please attach any additional information)
Urinary Catheters		
Subcutaneous Injections		
Complex Bowel Care		
Tracheostomy Care		
Wound Care		
Stoma Care		
High Risk Medication		
Suctioning		
High Risk Swallowing Dysphagia Management		
Oxygen		
Positive Behaviour Support Plan		

Health requirements

Diagnosis:
.....
.....

Additional Health Details:
.....
.....

Care Team Contact Details (OT, Speech Pathologist, Behaviour Specialist etc.):
.....
.....

Parent / legal guardian consent

- Allowed Sunscreen Yes No
- Allowed Photos Yes (Social Media) Yes (Xplor) No
- Outings / Excursions Yes No

Parent / Legal Guardian Signature: Date:

I/we agree to sharing information and documentation previously provided to my child's School and/or Ruby & Ollie's All Abilities Childcare. We understand that this means that my/our child's documentary evidence will be disclosed and transferred between services to support with their ongoing care and support needs.

- Yes No

Parent / Legal Guardian Signature: Date:

Please complete the below enrolment details.

<p><i>Please note:</i> For all School Based OSHC programs: CCS is available for eligible families. For direct support within the home, community, Alexandra Hills Hub or Early Years, NDIS may be applicable.</p> <p>Please advise whether you will you be using NDIS or CCS for bookings.</p>	<input type="checkbox"/> CCS <input type="checkbox"/> NDIS	
<p>NDIS</p>	<p>PLAN MANAGED</p>	<p>SELF MANAGED</p>
<p>NDIS Participate Number</p>		
<p>NDIS plan start / finish dates</p>		