

MOCS Occasional Care Supplementary Enrolment Information



Please help us to get to know your child better by sharing some information about your child, family details, and any information you would like to share.

Your Child's Name:	
Who lives at home with your child? Include siblings, grandparents, extended family. Please include names of, and ages of siblings.	
Age of Primary Caregivers. (Please circle)	Under 25 years: 26 - 35 years: Over 35 years:
Does your family hold a current Health Care Card/ Pensioner card? Please inform the Coordinator as this entitles you to our discounted fee.	Y/N Expiry date:
Why have you chosen MOCS Occasional Care? How did you find out about us? Was this a referral from another organisation? (please name)	
What activities do you enjoy together as a family?	
Do you have any cultural or religious celebrations that you share as a family?	
What would you like us to consider when planning activities for your child? eg. Special interests, activities they love to do.	
Did your child's development follow the milestones as set out in your Health Care Blue Book? Has your Community Health Professional ever discussed any areas of concern?	
Do you have anything that you would like to share about your child or their transition to care? eg. favourite comfort item, previous experience with care	

Thank you for sharing and taking the time to complete this form.

I consent for this information to be stored confidential as per our Privacy & Confidentiality Policy. This information may be used for census/accountability purposes and will remain confidential and anonymous. This policy can be viewed online at www.mocs.org.au

Y/N