

Blue Mountains Occasional Care Enrolment Information



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

Child's Name:	Child's Date of Birth:
Who lives at home with your child? Include siblings, grandparents, extended family. Please include names, and ages of siblings.	
Age of Primary Caregiver. (Please circle)	Under 25 years: 26 - 35 years: Over 35 years:
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.	
Why have you chosen Blue Mountains Occasional Care for your child?	
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?	
Is there anything else you think we should know about your child to help them settle in?	
Do you have any concerns that you want to share about your child or their care?	

Thank you for sharing and taking the time to complete this form. We hope to use this information to develop your family's sense of belonging to our community of learners at Blue Mountains Occasional Care. If you would ever like to discuss anything, please call me on 0412 932 801.