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INDIVIDUAL CHILD/REN CHECKLIST.

Child's Name: Parent's Name:

- | | | | |
|--|--------------------------|--|--------------------------|
| Enrolment Form (copy received) | <input type="checkbox"/> | Applied to Centerlink to receive CCS | <input type="checkbox"/> |
| CCS Confirmed with Office | <input type="checkbox"/> | Medication Form Discussed | <input type="checkbox"/> |
| Parent confirmed care with office | <input type="checkbox"/> | Days & Hours Confirmed | <input type="checkbox"/> |
| Parent/Educator Agreement (contract) | <input type="checkbox"/> | Child's Information Form Received | <input type="checkbox"/> |
| Fee Schedule Given to Parent (explained) | <input type="checkbox"/> | Parent Statement (if applicable) | <input type="checkbox"/> |
| Attendance Records (explained & shown) | <input type="checkbox"/> | Holidays (educator & parent) | <input type="checkbox"/> |
| Notice of leaving care discussed | <input type="checkbox"/> | | |
| Playgroup Attendance Discussed | <input type="checkbox"/> | Excursions – Routine & Non Routine | <input type="checkbox"/> |
| Excursion Forms Completed (forwarded
to the office) | <input type="checkbox"/> | Sunscreen / Insect / Water Play
(Discussed and completed) | <input type="checkbox"/> |
| Medical Action Plan Received
(If applicable) | <input type="checkbox"/> | | |
| Nutrition – food /drinks discussed | <input type="checkbox"/> | Clothing / shoes/ nappies / hat | <input type="checkbox"/> |
| Pets discussed (Awareness form
forwarded to the office) | <input type="checkbox"/> | Television Discussed | <input type="checkbox"/> |
| Additional Needs discussed (if applicable) | <input type="checkbox"/> | Sick Policy Discussed | <input type="checkbox"/> |