

Early Childhood Education and Care Services

New Family Start-up Checklist



Child's Name: _____ **D.O.B.** _____

Care provided from: _____ to: _____
(Date care commences) (Final date of care)*

The following documents <u>must</u> be readily available for use.	Please tick
Attendance Record	
Administer medication form	
Accident /Incident/ Illness form <i>(Please notify Windermere ASAP and forward copy to office)</i>	

The following documents/forms <u>must</u> be readily available in each child's file. These documents <u>must</u> be updated annually – please set up a reminder ☺			
Item	Please Tick		Date
Enrolment form			
• Parent/Guardian contact details			
• Emergency contact numbers x 2			
• Child's details added to Emergency Contacts List			
• Immunisation details			
• Dietary requirements			
• Permission to collect child	YES	NO	
• Permission to bathe	YES	NO	
• Permission to photograph - my home	YES	NO	
• Permission to photograph - office	YES	NO	
• Permission to photograph - publicity	YES	NO	
• Legal orders	YES	NO	
• Family preference regarding Sunscreen	FDC	OWN	
• Family preference regarding use of band aids	FDC	OWN	
Emergency response plans (Evacuate, Lock down, Car accident) – signed			
Excursion risk management plan & parent permission forms – signed			
Arrival and departure form <i>(if applicable for school age children)</i>			
Booking form completed <i>(must be updated every time booking changes – please forward copy to office)</i>			

The following documents must be prepared should the child present a medical condition. Please ensure they are readily available in the child's file. Please note that the Action Plan <u>must</u> be on display. These documents <u>must</u> be updated annually – please set up a reminder ☺			
Medical Condition	Item	Please Tick	Date
Asthma	<u>Must have before starting care:</u> Action Plan (with photo and doctor signature) Communication Plan Risk Minimisation Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Anaphylaxis	<u>Must have before starting care:</u> Action Plan (with photo and doctor signature) Communication Plan Risk Minimisation Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Allergies – Please specify	<u>Must have before starting care:</u> Action Plan (with photo and doctor signature) Communication Plan Risk Minimisation Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other – Please specify	<u>Must have before starting care:</u> Action Plan (with photo and doctor signature) Communication Plan Risk Minimisation Plan	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

*At termination of care please complete **Family Exit form signed by Parent and Educator**; collect all documents from this file, along with the child's observations, and return to Windermere ECECS.