



**Monash University School Holiday Program (MUSHP)  
Family & Child Care  
Health, Wellbeing and Development**

**GENERAL CHILD PROFILE FORM –  
For USERS of MUSHP 2009**

***Please fill this form in and send in with your enrolment form***

AIM: to provide MUSHP staff information that may assist us in planning and caring for your child/ren while they are attending our program. If there is insufficient room on this form please attach additional information.

The information on this form is collected for the primary purpose of providing vacation care for your children. Other purposes of collection include assisting staff to get to know your child and plan a program that is both interesting and challenging and meets his/her individual needs. If you choose not to complete all the questions on this form, it may not be possible for Family & Child Care Service to provide vacation care for your children. Personal information may also be disclosed to Medical Staff, City of Monash Child Care Field Officers and professional staff involved in your child's care. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.

**CHILD'S NAME:** \_\_\_\_\_

**AGE IN YEARS:** \_\_\_\_\_

**CURRENT SCHOOL ATTENDING:** \_\_\_\_\_

**CURRENT TEACHER:** \_\_\_\_\_

(We encourage families to discuss this form with your child's teacher and gather the most up to date information and support strategies for holiday program staff. Teachers are welcome to complete form)

**NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

Is anything below relevant to your child? (please tick. You may provide details)

- |   |  |
|---|--|
| <input type="checkbox"/> A diagnosed disability       | <input type="checkbox"/> Developmental delay         |
| <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Speech delay                |
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Allergy                     |
| <input type="checkbox"/> Medical needs                | <input type="checkbox"/> Daily Living Skills Needs   |
| <input type="checkbox"/> Autism spectrum disorder     | <input type="checkbox"/> ADHD                        |
| <input type="checkbox"/> Separation anxiety           | <input type="checkbox"/> Challenging behaviour       |
| <input type="checkbox"/> Additional support at school | <input type="checkbox"/> Difficulty with friendships |
| <input type="checkbox"/> New medication               | <input type="checkbox"/> New family circumstances    |
| <input type="checkbox"/> Other (please specify)       |  |

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**Tell us about your child .....**

<p>Does your child have any new interests at the moment? This information could help when planning activities.</p>	
<p>Are there any different activities that your child has participated in this term? Eg. At school, after school or with family?</p>	
<p>Were there any dislikes or concerns for your child at the last holiday program?</p>	
<p>Are there any changes regarding your child's needs that we should be aware of? Eg. Toileting, eating, food likes/dislikes, allergies etc</p>	
<p>Are there any new words, or communication styles that your child is now using, or that you would like us to support?</p>	
<p>If there are any new behavior strategies you or the school are using with your child, could you please inform us about them?</p>	
<p>Is there anything else you would like to tell us? Eg. Suggestions or advise</p>	

Please sign if you have contributed to the information on this form. *Thank you*

Name : \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_ Signature: \_\_\_\_\_