



## **Children with Special Needs, Special Medical Requirements and Disabilities Form**

Please complete the following questions and attach to the enrolment form.

1. Is your child diagnosed with any of the following? (Please Circle)

- Disability
- Special Needs
- Special Requirements

2. What are the details of the disability/special needs/special medical requirements?

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3. How does the disability/special need/special medical requirement affect your child?

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4. Does your child have any medical conditions and what implications does this have for providing care?

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5. What can the programme do to minimize the chance of these occurring?

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6. What are the symptoms and what steps have been taken to control these?

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7. Does your child have dietary restrictions?

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**Reviewed:** February 2019

**Next Review Date:** February 2020

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8. What is your child's health history?

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9. Are there any activities that your child should avoid for medical reasons?

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10. Does your child take any medication?

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11. Does your child have any problems with behavior in associating with other children or adults?

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12. Do you have a behavioral plan in place? What behaviour management strategies are used at home or at school?

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13. Is there anything specific that upsets your child?

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14. What methods are used to calm your child should they get overexcited or have problems with their behavior?

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**Reviewed:** February 2019

**Next Review Date:** February 2020

15. How would your child cope by being with a large group of people?

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16. Do they tend to wander off?

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17. Does your child require any specialized equipment?

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18. Do they require assistance with eating, washing and/or toileting?

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19. Has your child been in a similar Childcare programme before?

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20. What activities does your child like?

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By signing below, I understand and agree that my child will initially be on a trial basis for up to six weeks. This will ensure if the programme is able to cater for your child and for the programme to provide your child with the best care possible.

Name of Child: \_\_\_\_\_

Parent/ Caregiver Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_