

All about me

Child name: _____

Date of birth: _____

Country of Origin? _____

Language spoken at home: _____

Can your child speak English? _____

Can your child understand English? _____

Who does your child live with? Eg. Mum, Dad, Brother-James (7 years old), Nana.

Does your child have any allergies? Y N If yes, please list allergy and any treatment (Zyrtec, EpiPen, etc.):

Allergy	Treatment

Does your child have an anaphylactic allergy? Y N

If yes, have you filled out an 'Action plan for anaphylaxis'? Y N

Does your child suffer from asthma? Y N

If yes, have you filled out an 'Asthma action plan'? Y N

Please list any other illnesses or special needs we should be aware of:

What activities does your child enjoy:

Please tell us what special events your family celebrate:

What religious or cultural practices would you like us to observe?

Are there any activities in the centre which may disagree with your family values or beliefs?

Do you have any concerns about your child's development?

Does your child have any fears or anxiety? Eg. Meeting new people, thunderstorms, etc:

If your child becomes upset, what can we do to help calm them?

Does your child have a sleep during the day? If so, please list times:

Does your child have any comfort items? Eg dummy, teddy etc? If so, please list:

Bottles if required

Type (formula, breast milk, cow's milk, Soy milk, A2 milk, Rice milk):

Bottle times:

Please specify whether your child is in nappies, uses the toilet, or is currently toilet training:

If toilet training, does your child prefer the toilet or the potty?

Please list any other information we should be aware of:

Routine

Child Name: _____

5:30AM
6:00AM
6:30AM
7:00AM
7:30AM
8:00AM
8:30AM
9:00AM
9:30AM
10:00AM
10:30AM
11:00AM
11:30AM

12:00PM
12:30PM
1:00PM
1:30PM
2:00PM
2:30PM
3:00PM
3:30PM
4:00PM
4:30PM
5:00PM
5:30PM
6:00PM
6:30PM