

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.

Is your child a fussy eater? If so, please give a brief description of what foods they like and dislike: _____

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. strange men, 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

6.00

6.30

7.00

7.30

8.00

8.30

9.00

9.30

10.00

10.30

11.00

11.30

12.00 PM

12.30

1.00

1.30

2.00

2.30

3.00

3.30

4.00

4.30

5.00

5.30

6.00

6.30