

Child Profile

Full Name:

Preferred Name:

Childs interests:

Security items:

Fears:

Is there anything particular that you would like your child to focus on at the centre?

Please add anything else that will help your child have a smooth transition.

Please list any particular skills or interests, which you would be able to contribute to the centre/program.

HEALTH

Allergies Intolerance Medical Plan None known

Please talk to an Educator

Dietary requirements;

Does your child eat:

- Puree / mash / normal menu

Please specify (e.g. puree, but can eat bread):

Does your child self feed?

Please specify

Does your child drink from a:

- Bottle / Training Cup / Cup
- Breast Milk / Cow's Milk / Formula / Boiled water

Sleep Requirements:

Approximate times:

Sleep limitations: (if any): 1hr / 2 hr / 3hr

Special toys or comforters:

Please specify:

If providing toys or comforters, please see staff to fill out a consent form.

Self-settler/ rocked or pat to sleep / other _____

Wrapped or unwrapped.

If self-settler, please give details of usual routine _____

Toileting:

- Nappies / toilet training / toilet trained
- Nappy cream – Please provide your own
- [] Max and Rosie fragrance free wipes used at centre
[] Will provide on wipes

Does your child need help with toileting?

- Bottom wiping
- Potty
- Reminding hourly
- Nappies for sleep only

Any key words in languages other than English:

Yes	Thankyou	No	Mother	Brother	Father
Hot	Cold	Toilet	Sister	Sleep	More

Please

Additional information:

Signed:

Date completed: