

ACCOUNT NAME	
CHILD'S NAME	

CHILD'S LIVING ARRANGEMENTS

Family structures vary. To assist us in understanding your child's routines, experiences and environs we ask that you provide the following information:

Do you live in a house/unit/share house/other?	
Who is in the household? (include shared care arrangements)	
Are there any other significant people in your child's life? (e.g. Grandparents, extended family members) <i>Please provide names & your child's name for them</i>	
Further information about your child's living arrangements that will assist us in caring for your child/children	

GETTING TO KNOW YOUR CHILD

What are your hopes and goals for your child whilst at this Centre?	
How can we support you in your parenting role?	
What other child care experiences has or does your child participate in? <i>E.g. Child Care Centre, Playgroup, Family Day Care, etc.</i>	
To assist staff in planning activities and experiences to develop and enhance your child's potential, tell us about your child, their likes and dislikes, fears, pets, etc.	

YOUR CHILD'S ROUTINES - COMFORT

Does your child have a comforter (e.g. Blanket, teddy, pacifier)? If yes, provide details?	
What do they call this item	
Are there any preferences/rules on when you would like your child to use this comforter?	
<i>If your child does have a pacifier please provide a container for this to be stored in when not in use</i>	

SLEEP ROUTINE

When do they usually sleep?	
Where do they usually sleep? (e.g. Cot, bed, sofa, hammock)	
How does your child like to be settled to sleep?	
Do you have any concerns or restrictions about your child's sleep routine at the Centre?	

DIETARY PLANS / ROUTINES

What are the approximate times or frequency of your child meals and drinks?	
What are you currently feeding your child: Breast milk, Breast milk in bottle, Formula, Milk (what type e.g. Soy, Cows)	
At your child's meal times are there any particular routines you would like us to follow (e.g. Wrapped tightly when having a bottle)	

Is your child is on solid food? If yes please provide the following details	
What foods do they like?	
Are there any foods you have not yet given to your child?	
Are there any foods they particularly dislike?	
What level of puree is your child currently eating?	
What utensil and self-help skills does your child utilise at meal times?	
How do you help your child at meal times?	
What is their usual setting for eating? (e.g. High chair, table, floor, sofa)	
What kind of cup does your child drink from?	<input type="checkbox"/> Cup with 2 handles <input type="checkbox"/> Bottle <input type="checkbox"/> Cup with handle <input type="checkbox"/> Sipper cup with lid <input type="checkbox"/> Cup no handles
Dietary considerations e.g. allergies, special needs, religious or cultural practices you want us to follow?	
Are there any foods you do not wish for your child to eat at our centre?	
<i>Please ensure that you keep the centre informed about new foods you introduce to your child, so that this can be reflected in the menu prepared by the service</i>	

TOILETING	
Does your child require assistance with toileting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details including what stage your child is at?	
What assistance do you give your child at toilet time?	
Do you assist your child onto the toilet?	
Do you assist your child in cleaning their bottom?	
How would you like staff to assist your child towards becoming independent in toileting?	
To understand your child's needs we will endeavour to use the language that you and/or your child use. Please list words that you and your child use for:	Urination
	Bowel movement
	Toilet
	Body Parts (e.g. vagina, penis, bottom)
Is there any other information about your child's toileting practices that we should be aware of?	
<i>If your child's toileting needs change throughout the year please notify our Educators so that we can ensure consistency from the home to the centre.</i>	

COMMUNICATION	
Do you or your child speak another language other than English? If yes, what is the language?	
Please provide us with some words to help us to communicate with your child	
Does any of your family use different methods of communication or speak another language? (E.g. Great grandma speaks Russian, Uncle uses sign language etc.)	

OFFICE USE ONLY	Date Received:	Date entered: Entered by:	Orientation completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commencement Date:
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