

Child Profile

To assist the staff in providing a tailor made individual program for every child we would appreciate detailed answers to the following questions about your child and any other relevant information.

These profiles are kept in your child's Learning Diary in their Room & can be updated by staff and families whenever changes occur. **We encourage you** to update these Profiles and to write comments and feedback to staff in the Learning Diaries and in the Daybook whenever you have the opportunity.

Date:

Child Information

Child's name:

Nicknames:

Parent/carer names:

DOB:

Days in care at this centre Mon Tues Wed Thurs Frid

Is your child used to being away from you?:

Suggested method for pacifying should your child become upset:

Does your child know any other children or staff at this centre?:

Does your child have any special interests?:

Are there any activities your child enjoys or excels at?:

What kinds of toys does your child enjoy playing with?:

What kinds of games does your child enjoy playing?:

Family/Home Life Information

Child's position in family:

Brothers and sisters?:

Cultural background of family members:

Any pets?:

What behaviour management methods do you use at home?:

Do you personally have any skills talents or interests you would be able to share within our Program?
Such as playing an instrument, singing, storytelling, any particular crafts, exercise, cooking?

Sleeping Routine

Do you wish for your child to sleep while in care?:

if so,

When?:

For how long?:

Does your child need any comforters to sleep (e.g. Blanket, dummy, bottle, toy):

Other information re Sleep:

Eating Routine

What are your child's Favourite foods?:

What foods does your child dislike?:

Do they tend to eat larger or smaller portions?:

What times in the day do they usually like to eat?:

Other information re eating:

Toileting Information

Is your child in nappies, toilet trained or in the process of toilet training?:

If toilet trained:

Does your child need regular reminders?:

Does your child require help when they go to the toilet?:

Other information re toileting:

Medical Information

Does your child have any known allergies?:

Does your child have any ongoing health problems?:

Additional Information: