## CHILD PROFILE

Dear Families,

The following information will be used by educators to compliment the individual curriculum that is implemented for your child. You may update this information at any time. To do this, please speak to your child’s educator(s) or the Nominated Supervisor.

We will also ask you about your child’s interests, strengths and needs periodically throughout your child’s enrolment at our Service, as well as asking information about what you did on the weekend. Again, this benefits your child – the more we know about each child, the better we are able to program to meet their individual needs.

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| Child’s Name: Date of Birth:Preferred Name: |
| Parent/Guardian 1 Name: |
| Parent/Guardian 2 Name: |
| Siblings (name, age and gender): |
| Names of other important people in your child’s family (e.g. grandparents, cousins, aunts, uncles): |
| Does your family have any cultural requirements we need to consider for your child? |
| Child’s comfort toy: |
| Child’s interests: |
| Does your child have a pet? (please circle) Yes No |
| Pet’s name: |
| Child’s favourite foods: |
| Please circle which of the following foods your child has eaten:Egg Fish/Shellfish Dairy Nuts Tomato |
| Does your child have a bottle? (please circle) Yes No |
| Number of bottles per day: Frequency: |
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| What are your child’s current sleep requirements? |
| Does your child have a dummy? (please circle) Yes No |
| Is your child toilet trained? (please circle) Yes No |
| Can your child wipe their own bottom? (please circle) Yes No |
| Does your child require nappies? (please circle) Yes No |
| Other information about your child’s toileting needs: |
| What activities does your child enjoy?  |
| Is there anything your child does not enjoy, or that they may be scared of? |
| Briefly describe your child’s usual style of behaviour: |
| What methods of behaviour guidance are most effective for your child? |
| What would you like to see your child achieve throughout the year? |