Child Profile for 3–5 Room

Dear Families,

This child profile is designed to help our educators develop a learning program that supports your child's interests, strengths, wellbeing, and development. By sharing information about your child, you assist us in planning meaningful experiences, supporting transitions (including school readiness), and building strong relationships with your child and your family.

Updates to this profile can be made at any time. Should anything change, please speak with your child's educator or the Nominated Supervisor. We will also regularly check in with you throughout the year to learn about your child's evolving interests, learning goals, and experiences at home, including weekend highlights. The more we know, the better we can support your child as a confident learner.

Child & Family Information

Child's Name:

Date of Birth:

Preferred Name:

Parent / Guardian Name(s):

Siblings (name, age, gender):

Important people in your child's life (e.g., grandparents, aunts, uncles, cousins):

Culture & Family Life

Are there any cultural considerations we should be aware of?

(e.g., languages, traditions, celebrations, special days)

Does your child have a comfort item?

(e.g., dummy, soft toy, blanket)

Interests & Home Life

Your child's interests:

Does your child have a pet?

☐ Yes ☐ No

If yes, pet's name:

Favourite foods:

Foods your child has eaten:

Please circle: Egg | Fish / Shellfish | Dairy | Nuts | Tomato

Rest & Daily Routines

Does your child still require a sleep or quiet time during the day?

(Please provide details)

Does your child attend another early learning or preschool service?

☐ Yes ☐ No

Please provide the name of the service and any details about their experiences there.

If yes, do you give us permission to liaise with the service regarding your child's development and experiences?

☐ Yes ☐ No

Toileting & Independence

Is your child toilet trained?

☐ Yes ☐ No

Can your child wipe independently?

☐ Yes ☐ No

Does your child require nappies?

☐ Yes ☐ No

Additional information about toileting needs or routines:

Play, Learning & Development

Activities your child enjoys:

Anything your child dislikes, finds challenging, or may be fearful of:

Does your child have any diagnosed conditions or additional learning or developmental needs?

☐ Yes ☐ No

If yes, please provide details below. This may include conditions such as ADHD, speech or language delays, hearing or vision needs, or other learning and developmental considerations.

Does your child attend sessions with allied health professionals?

(e.g., speech therapist, occupational therapist)

☐ Yes ☐ No

If yes, please provide details:

Do you have any concerns regarding your child's development?

(e.g., speech, behaviour, fine or gross motor skills, hearing, eyesight)

Behaviour & Wellbeing

Briefly describe your child's usual behaviour:

What behaviour guidance strategies work best for your child?

Communication & Goals

Preferred method of communication:

(e.g., Xplor app, email, phone)

What would you like your child to achieve or work towards this year?

(e.g., confidence, friendships, independence, school readiness)

Additional Information

Any other information you would like to share with us:

We look forward to partnering with you on your child's learning journey! Please feel free to reach out at any time with questions or updates.