

Tell us about your child

Child's First Name: _____ Family Name: _____

Nickname: _____

DOB: _____ Age in Years: _____ Months: _____

Has your child attended Day care services before? YES NO

Special words your child uses for things like toilet, drink, comforter etc:

Does your child have regular contact with both parents?

Is English the main language spoken at home?

MEDICAL BACKGROUND

Is your child currently taking any long term medication?

If so, please list what it is:

Does your child have any known allergies?

Do any family members have any allergies that your child may present with?

Does your child have any special needs? Eg: asthma/speech/ other condition?

Do you have an action plan from your Doctor in regards to your child's special needs?

At Stepping Stones we provide all meals in line with our nutrition policy and age appropriate food guidelines. Are there any foods you do not wish us to give your child? Eg: eggs, bread, dairy products

BEHAVIOUR

How would you like staff to help you deal with separation? Eg: Tell staff when you are ready to leave, want staff to do an activity with your child, take and comfort your child when you leave?

Is your child frightened of anything?

How does your child express their frustration/anger?

What do you do at home when your child displays unacceptable behaviour?

Is there anything else you wish us to know about your child?

What expectations do you have for your child's experience at Stepping Stones?

TOILETING/NAPPY CHANGE

How independent is your child when toileting? (Please circle correct option below)

In nappies

Beginning toilet training

Independent

Is there anything you would like to add including possible allergies? Eg: cream, wipes, behaviour at nappy change?

Please complete the below section if you child still has a day sleep

SLEEP AND REST

Sleeping in a child care environment can take some adjusting and time for each child. Detailed information will help us make this time easier for them.

Does your child sleep in a cot or bed?

What is your child's normal sleep routine at home? (please include sleep and wake up time, length of sleep, do they lay on their back or side, do they sleep well or have interrupted sleep, procedures used: story, song, rock, pat, left alone, dark room)

Night: _____

Day: _____

Does your child have a bottle to go to sleep? If YES please give details:

Does your child have a comforter?

Any special instructions:
