|  |  |  |
| --- | --- | --- |
| **Office Use Only** | | |
| ¨ | Toddler |  |
| ¨ | Junior Ed |  |
| ¨ | Senior Ed | |
| ¨ | Kindergarten | |
| ¨ | Vacation Care | |



**Child Information Sheet**

Child Name: ............................................................................ D.O.B: .......................................................................

Date Commence: .................................................................... Days Attending: M T W Th F

**Family Info:** Mother’s Name: ................................................. Father’s Name: .........................................................

Mother’s phone: ………………………………………………………………. Alt phone: ………………..……………………………………………..

Mother’s email: ………………………………………………………………….. Father’s email: ………………………………………………………

Siblings: ......................................................................................................................................................................

Cultural Background: .................................................................................................................................................

Religious Beliefs: ........................................................................................................................................................

Language Spoken at home: .......................................................................................................................................

Special Requirements: ...............................................................................................................................................

Favourite Belongings: ................................................................................................................................................

Special Talents (Sign Language etc) ...........................................................................................................................

Favourite Family Activities: ........................................................................................................................................

Does your child have particular interest/ activity? ....................................................................................................

**Please let us know about your child’s pattern of:** Diet: ................................... Toileting: .......................................

Sleep: .............................. Fears: ................................... Allergies: ......................... Asthma ....................................

If YES, you must provide Medical Management Plan.

Behaviour Management: ..........................................................................................................................................

Signature: ...................................................................

*At Kidscollege we have behaviour management strategies in place which we adhere to according to the Centre’s policy book. To better help us understand your child we would appreciate your valued comments on your beliefs and behaviour management techniques that you currently use at home.*

*Please see policy folder situated in the foyer for more details regarding eat and sleep procedures.*

Additional Comments: ………………………………………………………………………………………………

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