



Parents,

This information is used to assist Educators in getting to you know your child and attend to their needs. Please be mindful of this when completing this form. Any detail may make a difference in their day

Child Profile

Background Information:

Child's Name: _____

Date of Birth: _____ Country of Birth: _____

Languages spoken: _____

Attendance: Mon Tues Wed Thurs Fri

Mother's Name: _____ Country of Birth: _____

Occupation: _____ Languages: _____

Skills/Hobbies: _____

Would you like to share your culture/heritage/skills/hobbies with the Centre? _____

Father's Name: _____ Country of Birth: _____

Occupation: _____ Languages: _____

Skills/Hobbies: _____

Would you like to share your culture/heritage/skills/hobbies with the Centre? _____

Siblings Names & Ages: _____

Allergies / Health Details: _____

Treatment: _____

Dietary Needs: _____

Eating habits: _____

Can your child drink out of a cup? _____

Does your child require assistance spoon feeding? _____

Sleep Routines: _____

How long do you want your child to sleep: _____

Toileting/Nappy requirements: _____

Does your child require assistance after going to the toilet? _____

Does your child require help removing and putting on clothes? _____

Does your child require help putting on and taking off socks and shoes? _____

Comfort Items (blanket, dummy, toy etc.) _____

Likes: _____

Dislikes: _____

Fears: _____

Behaviour Guidance Strategies: _____

Home Life – who lives with your child (include pets)

Provide details of routines at home: _____

What are three things you would like your child to experience whilst at Jelly Babies?

Cultural days that you celebrate (Christmas, Birthdays, Easter, Lent, Bastille Day, etc)
