

About Your Child Child's Name:

1. What does your child like to play with at home? What are your child's interests? E.g. playing outdoors, music, construction etc.



2. Describe your child's eating, e.g. what he/she likes to eat/eating habits etc. For under 2's please provide special information.



3. Toileting – is your child toilet trained? Please provide any information about toileting that staff should be aware of.



4. Describe your child's temperament, e.g. easy-going etc.?

5. Who lives at home with your child? (Please list the names and ages of siblings)



| 6. | Describe any family interests/outings your child participates in. e.g. park, picnics, visiting friends, library visits, camping etc. |
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| 7. | What do you do at home with your child to support your child's learning? E.g. read books to your child, arts and craft etc. |
| 8. | What goals do you have for your child for preschool/occasional care? What would you like your child to learn? |
| 9. | Are there any cultural celebrations important to your family? |
| 10 | Describe your child's sleeping pattern. E.g. sleeps during the day (length of time etc.), what time does your child go to bed at night etc.? Provide any special rest/sleep requests for your child |
| 11 | . Any other information you think is important, please provide below. |