Please complete this form to help educators in getting to know your child. This information helps with the orientation process, settling your child into care and helps our educators to meet your child's individual needs.

First name	Last name		
Preferred name	Date of birth		
Language/s]	
Additional pe	ersonal information*		
FAMILY	*optional		
Special peop	ole:		
Parents/ Carers			
Siblings			
Other people			
Activities we	e do as a family:		
Any cultural	practices or beliefs you would like to share:	J	
Please tick al	ll boxes that apply when completing the following sections.		
TOILETING	<u>à</u>		
Current toile	eting:		
Nappies	s Toilet training Needs reminding Manages on own		
Extra toileting information:			











INFANT FEEDING
Current infant nutrition:
Breastmilk Formula Both Cows milk (≥12 months)
Our services supports breastfeeding for as long as the parent and infant are happy to do so.
Currently fed using:
Breast Bottle Cup
Approximate feeding times:
If expressed breastmilk or formula run out, please follow the instructions below:
Feeding whilst in care:
Attend the centre to feed Provide infant formula
Supply expressed breastmilk Other
If you would like to attend the service to feed, how can we support you?
Baby's typical hunger signs:
Side to side head movements Stretching
Hands to mouth Mouth movements
Crying Turning head/seeking/rooting
Other









EATING				
Current foods:*				
Infant cereal Pureed Minced Chopped				
Finger foods Other Other				
*Recommend to commence food from about 6 months of age				
Feeding development:				
Feed myself Have help Both Other				
Spoon Fork Other				
Allergies:				
Intolerances:				
Please speak to our educators about further documentation we require for any allergies & intolerances.				
Favourite foods:				
Cultural nutrition requirements: (eg; halal)				
Additional information:				









SLEEPING AND SETTLING	
Comfort:	
Wrapped Sleeping bag	With comforter Other
Settling:	
Self-settle Gently rocked	Softly patted Rubbed
Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sleeping times:	
Tired signs:	
Yawning	Jerky arm and leg movements
Quieting down	Grizzling/crying
Cuddly/seeking comfort	Other
Extra information about my sleeping:	
PLAYING	
Developmental milestones:	
Lay on tummy Roll over	Sit supported Sit unsupported
Crawl Pull up to star	nd Walk Climb
Activities:	
Books Music	Blocks Puzzles
Drawing Painting	Water play Outside activities
Other	
Dislikes:	







