

General Information Form – Koala’s Room

GENERAL INFORMATION

Child’s Name: The name your child prefers to be called is:

The special name your child calls their mother: father:

guardian: Other:

The things your child enjoys doing include:

Songs your child enjoys singing:

My child has a pet: Yes / No Our pet is a and is called

Does your child have any known fears, eg. storms, balloons?

Has your child been in child care / family day care before?

Does your child have any special words or phrases?

FOOD AND EATING

Does your child have any allergies / dietary restrictions?

Does your child need assistance to eat food?

Does your child need the skin removed from certain foods?

Does your child drink from (Please tick)? A cup Sipper Cup

NAPPIES / TOILET TRAINING

Is your child in nappies?

Is your child toilet trained?

Is your child in pull ups / training pants?

Is your child fully toilet trained?

How would you like us to assist with toilet training?

Does your child use a potty or toilet?

SLEEPING

What time does your child normally want to have a sleep?

How long does your child sleep for?

Does your child have any comforters for sleep?

Is your child a restless sleeper?

Attitude towards sleep?