

## General Information Form – Kangaroo’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? .....