

Rainbow Fish Room 2010



Dear Parents/Guardians,

Welcome to the Rainbow Fish Room at Pedder Patter Child Care Centre. In order to provide your child and family with the best possible care, please take some time to complete the information needed.

Thank you,

Laura, Joy and Katie.

Child's name:

Date of Birth:

Parents/Guardian's Name/s:

Siblings:

Attendance Record:

Days in Care:

√

Mon

Tue

Wed

Thu

Fri

Medical Information:

Medications: Does your child take medication regularly?

Allergies/Intolerances:

Are there any food/drinks you do not want your child to have?

Does your child have any known allergies to food/drinks?

Does your child have any allergies to the environment, e.g.: carpet, soap, insects, plants, and sunscreen?

Sunscreen

Requires own sunscreen?

Yes

No

(other than one supplied by centre)

Cultural Requirements:

Separation:

Is your child used to being left with someone else?

Does your child have a special toy/comforter that may assist him/her to settle?

What best describes your child's general mood: Are they mostly, Happy, fussy, colicky or unsettled?

Sleeps:

Does your child have a day time nap? Yes No

Approximate Time/s:

With/without a nappy?

Average sleep time at home?

Average sleep length or restriction?

Does your child need a special comfort item to sleep with? Yes No

If yes, what is it?

Toileting:

Does your child wear day time nappies? Yes No

Does your child use a potty/toilet?

Fears:

Does your child have any known fears, e.g.: noise, messy experiences or animals?

Bottles or Snacks:

Does your child have bottles other than before bed?

How do you give bottle; room temp, warmed or cold?

Will you be providing any extra or substitute food/drinks for your child?

Other: Please list any other important information or special instructions on the care of your child below.