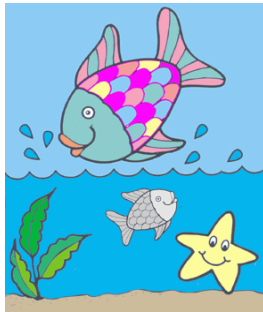


# INFORMATION FOR CARERS ABOUT YOUR CHILD



**Dear Parents,**

Please complete this form and hand to your child's carer when your child starts or, if possible beforehand.

The availability of this information will benefit both the carer and your child in their relationship with each other.

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Siblings:** \_\_\_\_\_

**Separation:**

Is your child used to being left with someone else?

\_\_\_\_\_

Does your child have a special toy/other that may help him/her settle?

\_\_\_\_\_

**Sleeps:**

Does your child have a day time nap? \_\_\_\_\_  
\_\_\_\_\_

Average sleep time at home? \_\_\_\_\_

Average sleep length or restriction? \_\_\_\_\_

Sleep with a favourite toy, bottle or dummy? \_\_\_\_\_

**Allergies:**

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

Are there any food/drinks you don't wish your child to have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies to the environment eg: carpet, soap, plants, sunscreen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:**

Does your child take medication regularly? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Toileting:**

Does your child use a potty/toilet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fears:**

Does your child have any fears eg: noise, messy experiences, animals?

---

---

---

**Bottles or Snacks:**

Does your child have bottles other than for bed? \_\_\_\_\_

---

---

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

---

---

---

**Anything else you would like us to know?**

---

---

---

---

---

---

---