

“Cuddly Koalas Baby Room” Getting to know your child....

My child's name _____

My child likes to: (tick or circle all that apply)

Listen to stories Play inside Scribble/Art Messy play

Play near others Play outside Climb/run/balance/balls Sensory Play

Other: _____

My child doesn't like to: _____

Some things I would like you to know about our family: (culture, family activities etc.)

Sleeping:

Usual waking Time & usual evening bed time: _____

Morning Sleep: No Yes (approx. time & Length): _____

What do they take to bed: _____

What is the routine to go to sleep: _____

Feeding:

Breast-Fed Bottle-Fed formula/cow's milk/other: _____

What food does your child like to eat: _____

Are there any food/diet/cultural restrictions: _____

Toileting (tick as applicable):

Nappies Being trained Toilet-Trained

(Please supply nappies and if using cloth nappies please supply a container for dirty nappies)

My hopes for my child during his/her time here at Nightcliff Family Centre are:

Thank you for introducing your child with your help this will be a wonderful journey!