

Milestone Child Care and Kindergarten

374 Maroondah Highway, Croydon VIC 3136 (03) 9727 4414 – milestonekinder@bigpond.com

CHILD PROFILE

In order for the educators at **Milestone Child Care & Kindergarten** to get to know your child quickly, we would like you to fill in the questionnaire about your child's interests and development. This will help us to provide experiences particularly relevant to your child.

| CHILD AND FAMILY INFORMAT | ΓΙΟΝ | | | | |
|--|---------------------|--------------------|---------------|--|--|
| Child's Name: | | Date of Birth: | | | |
| Mother's Name: | | Mother's Job: | | | |
| Father's Name: | | Father's Job: | | | |
| Mother's Email Address: | | | | | |
| Father's Email Address: | | | | | |
| Sibling's Name: | | Date of Birth: | | | |
| Sibling's Name: | | Date of Birth: | | | |
| Sibling's Name: | | Date of Birth: | | | |
| Sibling's Name: | | Date of Birth: | | | |
| Pets Names: | | <u> </u> | | | |
| Names of Friends, Cousins, Neighbours etc. | | | | | |
| Allergies/Dietary Requirements/Medical Conditions: | | | | | |
| OUR TURN, INFORMATION | | | | | |
| CULTURAL INFORMATION | | | | | |
| Cultural Background/Religion: | | | | | |
| Languages Spoken at Home: | | | | | |
| In languages, other than English, | please write equiva | alent words for th | ne following: | | |
| Hello: | Goodbye: | | Mother: | | |
| Father: | Toilet: | | Sleep: | | |
| Food: | Drink: | | Thank You: | | |



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| CHILD'S ROUTINE | | | | | |
|---|---------------------------------------|-------|--|--|--|
| How does your child go to sleep? | | | | | |
| How many sleeps are required and at what times? | | | | | |
| Does your child need any toys/comforters to sleep? | | | | | |
| How does your child settle at home if they are having | ng difficulty sleeping? | | | | |
| Does your child have a bottle? How often & is it cov | w's milk, soy milk or formula? | | | | |
| How does your child have their bottles? e.g. held b | y themselves, sitting up: | | | | |
| Can your child feed themselves meals? | Can your child hold their own drinks? | | | | |
| Is your child able to use the toilet or currently toilet training? | | | | | |
| INTERESTS AND PREFERENCES | | | | | |
| Favourite Foods/Drinks: | | | | | |
| Favourite Indoor & Outdoor Activities: | | | | | |
| 1 avounte maoor à Outaour Activities. | | | | | |
| Are there any areas of your child's development that you are concerned about? | | | | | |
| Would you be interested in sharing your culture, sk | ills or hobbies with the centre? | | | | |
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| ORIENTATION | Y | ES NO | | | |
| Have you completed all enrolment forms & supplied | d copies of immunisation records? | | | | |
| Have you brought your child in for at least one orientation session? | | | | | |
| Has your child attended any children's services before, e.g. another centre, playgroup? | | | | | |
| Is your child used to spending time away from you? | | | | | |
| How does your child settle when away from you? | I | | | | |
| | | | | | |