



# All About Your Child

Date your child is starting at Summertime: \_\_\_\_\_

Date this form is completed: \_\_\_\_\_

It is essential that we learn as much as possible about your unique child **before** they start at the setting to help them settle and get the most out of their early learning experiences with us. This information should be updated, at least annually.

Space for photo or drawing

**Your Child's Name:**

Known as...

**Your Key Person's Name:**

**About your child's Key Person...**

## Your Family... Who does your child live with?



## What other people are important to your child?



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## Tell us about your child...

Does your child enjoy doing things for themselves? If so what?



When does your child need your help?



How does your child act when they find things difficult or when in new situations?



What makes your child feel proud?



What makes your child laugh?



How does your child like to help in the home?



What language(s) do you speak at home?

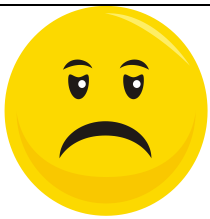


What things do you like to celebrate in your family?








**Tell us things that your child likes...**



**Tell us things your child does not like or upsets them...**

<p>Has your child had their two-year old check? Where? When?</p>	
<p>Has your child ever attended childcare before? If so, where?</p>	
<p>Does your child know anyone in the setting? Who?</p>	
<p>Any nappy changing/toileting routines?</p> 	
<p>What sleep/rest times does your child need?</p>	
<p>Does your child have a particular comforter?</p> 	
<p>Does your child have any particular feeding or mealtimes?</p> 	

Please keep us updated on changes in contact details or your child's health