

Introducing Your Child

We want your child's transition into the centre to be a positive one. To help us serve your child and family better and to help us in programming, please answer the following questions.

1. Please List any family that live at home with you (including pets, grandparents etc.)

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

2. Who has cared for your child up to the present time?

parents licensed childcare home care relative _____

3. What is the primary language spoken at home?

English Other _____

4. Share a little information about your child's favorite activities and interests?

5. Please list any significant information that we should be aware of such as, recent upsets or changes, fears, special instructions regarding pick-up, etc.

6. How does your child like to be comforted?

7. Does your child have any fears? (i.e. the dark, dogs, etc.) If yes, what cues might we look for and how is your child best comforted at these times?

8. General Temperament:

friendly, outgoing active shy very active co-operative aggressive

Comments: _____

Speech Development:

no words used words only speaks in sentences speaks in phrases

Comments: _____

Self Help Skills:

- dresses self toilets self feeds self

Comments: _____

Social Skills:

- plays with groups of children follows routine prefers to play alone accepts changes easily

Comments: _____

9. Food/Diet/Allergies

Our program provides delicious, wholesome meals and snacks for the children in our care. We serve healthy food choices that provide children with a variety of different foods that are both fun and nutritious. We will encourage your child to try different foods, aiming to make meal time a happy and comfortable experience for all involved. Please tell us about your child's current food preferences and for children under 1 year of age we require written instructions on feeding that includes times to be fed, as well as specific foods/drinks.

Food

Likes	Dislikes	Known Allergies

Daily Food/Bottle Schedule (for children under 12 months of age and younger)

Time to offer	Food/Bottle/Cup	Comments

10. Sleep Pattern/Preferences

Kinder College Early Learning Centre staff recognizes that each child's sleep pattern varies and that they may have a unique way of being soothed. Please share with us some information about your child's sleep patterns.

a) What time does your child usually go to bed at night?

b) What time does your child get up in the morning?

c) If your child naps during the day, what are his/her usual times?

Morning: _____ Afternoon: _____

d) Does your child sleep with a special item? If yes, does that item have a special name?

e) How does your child best like to be soothed at rest time?

11. Diaper Change / Potty Training information

Understanding your child's self-help skills and toileting routine will help us enhance your child's independence and in turn develop a positive self-image.

a) At home, (s)he uses:

a potty toilet ring regular toilet not yet trained

b) Does your child go to the washroom on his/her own or needs to be reminded?

c) Is it unusual for your child to have accidents throughout the day?

d) If your child is trained, does s/he require a pull-up at rest time?

e) What special words might your child use to tell someone that s/he has to use the washroom?

f) Does your child dress independently or require assistance? (Buttons, zippers, etc.)

g) Any other information relating to diaper change the centre should be aware about?

12. Please provide us with any other information that your feel we should know about? (i.e. creams to be used, etc.)

Parent Signature: _____ Date: _____