



“Getting to Know Your Child” Form

Date _____

Child's Name _____

Child's Age _____

Birthday _____

Mother's name:	
Father's name:	
Ethnic background:	
Name of brother and sister:	
Primary language spoken at home	
List cultural celebrations at home	

Dietary Requirements:

To ensure your child's dietary requirements are met, please select the closest menu option for your child:

- ☐ Centre Menu ☐ Vegetarian ☐ Dairy Free
☐ Gluten Free ☐ Dairy & Gluten Free ☐ Vegetarian, Dairy & Gluten Free

If your child's dietary requirements are not completely met by the offered menu options, please list the foods or products your child cannot eat.

My Child CANNOT eat	Reason/s
e.g Milk	e.g medical

HCMC will endeavour to meet the individual dietary requirements for all children. To ensure we can guarantee the safety of all children attending the centre, HCMC must ensure that all cultural and personal preference menus meet the centre's Anaphylaxis and Nutrition Policies.

If there are any general comments you would like to make about your child's health, please advise:

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For more information on these policies, please see the Centre Director, or the policy folder in the centre foyer.

Child Routine

Does he/she have anything to sleep with? <i>eg. Dummy, bottle, special toy</i>	
Does your child wear nappies during the day or night ?	
Have you begun toilet training. If yes, at what stage of training is your child?	
Is your child used to being with other children	
How would you describe his / her play when with other children	
Will this be the first time that your child has been cared for by someone other than the family member	
Will this be the first time that you and your child have been separated?	
What are your child's current interests? e.g Favorite toy or game?	
When I am sad please cheer me with:	
Have there been any particular or major changes in your family recently?	

Is there anything else that we should know about the child?

(eg. Excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

Parent Name _____

Parent Signature _____