

Brayside Community Preschool  
38-40 Coriedale Drive P O Box 2004  
COFFS HARBOUR NSW 2450  
Ph 6652 8846

**BACKGROUND INFORMATION ON CHILD**

The information you provide in this form will be used by the staff to provide care for your child, and to plan a program that meets his or her individual needs. Any information you provide is strictly confidential and will only be available to staff and the Director. You are not obliged to answer any question if you choose not to do so.

Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**MEDICAL**

Does your child take any prescribed medication on a regular basis? (if yes, a separate medication form will need to be completed) \_\_\_\_\_

Does your child have any ongoing medical condition? Eg. Asthma, convulsions etc. \_\_\_\_\_

Does your child attend any specialists, therapists or other services? \_\_\_\_\_

Does your child have any allergies (food or otherwise) that you are aware of? \_\_\_\_\_

**FAMILY HISTORY**

Country of Birth: \_\_\_\_\_  
(child) (mother) (father)

Primary language spoken at home: \_\_\_\_\_  
(child) (parents)

Names, ages and sex of siblings: \_\_\_\_\_

Others residing in the home: \_\_\_\_\_

Family pets and names: \_\_\_\_\_

Are there any cultural or religious practises which are important to your family that you would like us to know about and observe if possible? \_\_\_\_\_

**FEEDING**

Is your child able to feed her/himself? YES NO

Are there any foods your child should not eat for religious, health or other reasons? Please specify \_\_\_\_\_

**SOCIAL EMOTIONAL**

Briefly describe your child's personality? \_\_\_\_\_

Has your child been in care anywhere else? \_\_\_\_\_

If yes, how did she/he react on being separated from you? \_\_\_\_\_

Have there been any recent happenings in your child's life which might affect his/her behaviour? Eg. A new baby, moving house, divorce etc.

What sort of things does your child enjoy doing? \_\_\_\_\_

Does your child have any fears? Eg. Thunderstorms, spiders etc. \_\_\_\_\_

Are there any special things you do to calm your child down or to manage inappropriate behaviour? \_\_\_\_\_

**SLEEP/REST TIME**

Does your child have an afternoon sleep or rest? \_\_\_\_\_

If yes, what is their normal time and length of sleep/rest: \_\_\_\_\_

**TOILETING**

Does your child: Take her/himself to the toilet	YES	NO
Need taking regularly	YES	NO
Wear nappies	YES	NO

If your child is toilet trained, what level of assistance, if any, does he/she need? \_\_\_\_\_

Are there any words or gestures your child might use to indicate a need to go to the toilet?

**OTHER INFORMATION**

Are there any skills you are working on at home with your child? \_\_\_\_\_

What are your expectations of this centre for your child? \_\_\_\_\_

Is there any other information that you can give us that will enable us to provide the best possible care for your child?

We value parent/family involvement in our program. How best are you able to participate in our program? Do you have any skills or interests that you could offer our program? (eg management committee, parent helper, working bees, fundraising, sharing in the daily program) \_\_\_\_\_

How would you prefer to communicate with your child's teacher during the year? (formal meetings, informal chats, telephone, letter, emails). How frequently would you like this to occur? \_\_\_\_\_

Any further questions? \_\_\_\_\_