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CHILD INFORMATION DETAILS.

(Parents please give this to educator)

Child's Name: **Date of Birth:**

*Any Other Names Known As:.....

.....

Parent's Name:.....

Address:

Phone Number: **Mobile:**

Emergency Contact: **Phone:**.....

ROUTINE:

Is your child toilet trained? Yes No

If No, does your child wear nappies? No Always Sleep time only

If Yes, does your child go to the toilet? With Assistance Without Assistance

Does your child have a special language / clues to indicate toileting? Yes No

If yes, please explain:

SLEEPING ROUTINES:

What time does your child get up in the morning?.....

Go to bed at night? Sleep during the day?

Do you usually sit with or nurse your child to sleep? Yes No

Does your child usually sleep in a: Cot Bed Other

Are there any special objects (teddy, blanket, dummy) which your child needs for sleep
or when upset?

Are there any special languages / clues to your child's sleep routine? Yes No

If yes, please explain:

FOOD:

Will you be providing food and or drink for your child when in care? Yes No

Is your child being breast fed? If yes, at what times?

Does your child drink from a bottle? Yes No Cup? Yes No

At what times do you usually give your child a bottle or cup?

What do you prefer your child to drink? Cows milk Soy milk Other.....

Is your child used to feeding him or herself? Yes No

Does your child have any feeding problems? (eg difficulty swallowing, poor appetite, vomiting, food dislikes etc)

.....

Special dietary needs (vegetarian etc)

.....

Food preferences: Likes

.....

Dislikes

.....

HEALTH / ALLERGIES:

Does your child have any special conditions (physical, emotional, intellectual, illnesses etc)?

Please list below: Eg Asthma, previous illnesses that may recur.

.....

.....

Is your child receiving any specialist medical attention or counselling? Eg speech therapy

No Yes (please give details)

Doctor's /Counsellor's name: Phone:

Is your child on medication? No Yes (please give details)

Does your child have any allergies (foods, medicines, plants or animals)? Please list below.

.....
.....

Please provide documentation from a registered medical practitioner confirming any allergies and their management in the form of a allergy emergency medical plan.

Is your child allergic to?

Food: provide details:-.....

Medicines: provide details:-

Plants: provide details:-

Insects: provide details:-

Animals: provide details:-

Other: eg: Sunscreen, lotions,

Does your child suffer from Anaphylaxis? Yes No

If yes:- Please provide documentation on an Anaphylaxis Action Plan: (provided by registered Medical Practitioner)

Does your child suffer from Asthma? Yes No

If yes:- Please provide documentation on an Asthma Action Plan: (provided by registered Medical Practitioner)

GENERAL INFORMATION:

Please provide details of siblings living in the home:-

Name:- Age:-

Name:- Age:-

Name:- Age:-

Please specify other family members living in the home:-

Name:- Relationship to child:-

Name:- Relationship to child:-

Name:- Relationship to child:-

Please provide details of preferred behaviour management practises.

Details:-

.....

Does your child have any particular fears, anxieties, dislikes or conditions which we need to know about?

.....

.....

How does your child express frustration? (eg:- screams, cries, bites, throws objects, bangs head, kicks, holds breath)

.....

How does your child interact with:-

Other children.....

New people

Crowds

| | | | | | |
|-----------------------|-----------------|-----|--------------------------|----|--------------------------|
| Does your child like? | Water play | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Being outdoors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Animals | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Going for walks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Messy Play | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | Sand play | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Main Language used at home?

Special words used?

Any other information you would like to let us know about your child?

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'This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.'