

Children's Services

Family Day Care and Out of School Hours Care

Co-ordination Unit, 71 Boardman Road. Bowral, NSW 2576. PO Box 141, Moss Vale 2577
t. (02) 4861 2866 e. familydaycare@wsc.nsw.gov.au OR woosh@wsc.nsw.gov.au



A very warm welcome to My Family Day Care Service

This information is important. It will assist me (your educator) with the settling and comforting of your child, helping with their transition into their new environment.

So please, take the time to complete the following with as much relevant information as possible. If you could provide me with this information before your child's first day, it would be greatly appreciated.

If you have any questions regarding your child's first day of care, please do not hesitate to contact me.

Child's Name: _____

Other names (nickname) _____

Is there a special comfort item: Yes No

What is it? _____

What do they refer it as? _____

Does your child have a dummy? Yes No

If yes when does your child require their dummy? _____

When during the day is comfort toy required? Please ✓

day rest time night time sleep during the day everywhere you go

Is your child toilet trained? Yes No still in nappies started toilet training

Toileting Routine: _____

Is there a special name for mum? _____

Is there a special name for dad? _____

Are there brothers/sisters? Yes No

What are their names? _____

Ages

What name do they refer to any Grandparents: _____

Is there any other relatives or familiar people your child might refer to? Yes No

If yes who are they? _____

What time does your child normally go to bed of an evening? _____

What time does your child normally wake in the morning? _____

Does your child have a day Sleep or Rest

Please provide you child's sleep pattern if they have a day sleeps

Does your child sleep in a cot or bed? _____

Does your child wear a nappy during sleep/rest time? Yes No

Is there a family pet? Yes No

What type of pet? _____

What is your pet's name? _____

Does your child have any particular fears? Yes No

How long have they had this particular fear? _____

If yes, please state what the particular fear is and how your child responds?

How do you manage and respond to your child's fear?

Does your child have a favorite activity or interest? _____

What is their favorite food? _____

Please ✓the assistance your child requires when drinking

Bottle Sipper cup Straw cup Drink bottle Cup Other

If other: _____

I encourage and offer water to the children throughout the day;

does your child drink water? Yes No

Are there any foods they are unable to eat due to culture or religion beliefs?

Please note allergies on the allergy management information document, must be supported with an action plan from the doctor

Do they attend another Early Childhood Service? Yes No

Service child attends? _____

How long have they been attending? _____

What are their teacher's names? _____

Have they made any special friends at school? Yes No

What is their favorite activity at school? _____

Your child's daily routine

This will help me to settle a new child into their new environment and continue the same pattern that you use within your family home for your child.

Who will be mainly dropping your child off in the mornings? _____

Who will be mainly picking your child up in the afternoons? _____

Is there any other relevant information that may assist me during our transition?
