

# Children's Services

## Family Day Care and Out of School Hours Care

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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?

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***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.*

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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?

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