



Baringa Child-Care Centre Association Incorporated
ABN 42 028 145 288

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www.baringa.org.au

Child Information Sheet

Date: _____

Child's name: _____

To plan and implement engaging experiences for your child, we would like to know the following:

What motivates your child? _____

What toy/resource do you find your child engaging in at home?

Indoors: _____

Outdoors: _____

What is your child's favourite song/songs? _____

Does your child have any special interests? _____

What nationality is your child? Does he/she speak another language at home? _____

What are the different celebrations you celebrate with your child? _____

Who makes up your child's family and what do you enjoy doing together? _____

What are your child's main strengths? _____

Do you have any expectations for the year that we can help with? _____

Is there any other information you would like us to know about your child? _____

Health and well-being information

Does your child have any allergies / intolerances / dietary requirements? (Y/N) _____

If yes, please specify _____

Does your child require a sleep during the day? (Y/N) _____

If yes, does your child have any restrictions on how long he/she may sleep for? _____

Does your child:

Wear a nappy or pull-ups? _____

Use the toilet? _____

If yes:

do they need reminding to use the toilet on a regular basis? _____

Need assistance when using the toilet (e.g. wiping, dressing, washing etc) _____

Use the toilet independently? _____

Is there any other information you would like us to know about your child? _____

Please return this form to us either via email to admin@baringa.org.au or hand to one of your child's educators.

We also ask that you send through/hand in some family photos, as the children love to look at them and it helps us to create and build stronger relationships with them.

Thankyou.