



At Knight Street Multi-Age Learning we have the child's best interests at heart and we endeavour to support your child's learning journey to the best of our ability; please help us with this process by filling out the following information regarding your child's interests, developmental needs and accomplishments. (VEYLDF: *Identity, Learning, Community, Wellbeing, Communication*; Quality Area 2 Child Health and Wellbeing; Quality Area 6 Collaborative partnerships with families and communities)

**(CHILDREN AGED 0-2 YEARS OLD)**

Child Profile of: \_\_\_\_\_

D.O.B \_\_\_\_\_

A bit about me

My personality traits:

(VEYLDF: *Wellbeing, Identity*)

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At home the language and communication I use is (examples of known words):

(VEYLDF: *Communication, Learning, Community, Identity*)

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I get upset when...

(VEYLDF: *Identity*)

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I become happy and calm when...

(VEYLDF: *Identity*)

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During the day I like to... (Interests)

(VEYLDF: *Identity, Wellbeing, Community*)

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I really don't like..... (Dislikes)

(VEYLDF: *Identity, Wellbeing, Community*)

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The foods I enjoy eating are...

(VEYLDF: *Identity*)

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I really don't like eating.... Do I have any allergies?

(VEYLDF: *Identity*)

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### **Food and Bottles**

(VEYLDF: *Identity, Wellbeing*)

Have I started eating solid food? Yes / No

If yes, what have I tried?

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*There are some foods that are more likely to cause allergic reactions. It is important for us to know which of these foods your child has eaten before or if they have had a reaction to these foods. Please remember that our centre is a nut aware centre and that you update your child's eating progress regularly so that educators and our cook is aware as they are becoming more familiar with more foods.*

Am I breastfed? Yes / No

Do I drink formula? Yes / No

Do I drink cow's milk? Yes / No

How many bottle do I have each day? 1 2 3 4

How much milk do I have in each bottle? \_\_\_\_\_mls.

### **Sleeping Routine**

(VEYLDF: *Identity, Communication, Wellbeing*)

When I am getting tired the signs I show are:

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I still need to sleep during the day. Yes / No

I need this many naps! > > > (please circle) 1 2 3 4

What times do I usually nap?

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I have restrictions on my sleeping times. Yes / No – If yes please describe the restrictions

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When I have a nap I need: (Please Circle)

Nappy      Bottle      Comforter      Anything else? \_\_\_\_\_

**Development and Milestones**

(VEYLDF: Identity, Learning, Community, Communication, Wellbeing)

When I am getting dressed and undressed I sometimes need help. Yes / No

I am wearing nappies. Yes / No

I am toilet training. Yes / No

I sometimes need reminded to go to the toilet. Yes / No

Comments:

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I am really good at.....

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My goals for this year are....

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Sometimes I need support when....

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**Cultural and Family Participation**

(VEYLDF: *Community*)

Some events that my family and I like to celebrate are:

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My parents/family members have a special skill they would like to share with you (Cooking, singing, playing an instrument etc.)

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My family and I don't celebrate:

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**At KSMAL**

(VEYLDF: *Wellbeing*)

During your child's time at KSMAL we will supply sunscreen when the UV level is 3 or above. Are you happy for this to be applied to your child?

Yes / No – if No, can you please write details of the sunscreen that you will be supplying, it needs to be 50+.

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When I supply the following creams I give permission for staff at KSMAL to apply them to my child when they deem necessary.

Parents Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please circle appropriate creams:

Sorbelene      Sudo Cream      Paw Paw Ointment      Bepanthen      Other: \_\_\_\_\_

**My daily routine is.....**

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**Contact Information**

(VEYLDF: Identity)

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

Mother's Name: \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

**The authorised contacts you list here need to match the authorised contacts you have listed on your enrolment form.**