



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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### 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 the 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 Routine for the day is**

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**Contact Information**

(VEYLDF: Identity)

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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.**