



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)

(TWILIGHT SESSION)

Child Profile of: _____

D.O.B _____

A bit about me

My personality traits:

(VEYLDF: *Wellbeing, Identity*)

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

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

I get upset when...

(VEYLDF: *Identity*)

I become happy and calm when...

(VEYLDF: *Identity*)

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

(VEYLDF: *Identity, Wellbeing, Community*)

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

(VEYLDF: *Identity, Wellbeing, Community*)

The foods I enjoy eating are...

(VEYLDF: *Identity*)

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

(VEYLDF: *Identity*)

Sleeping Routine

(VEYLDF: *Identity, Communication, Wellbeing*)

When I am getting tired the signs I show are:

What time would you like me to go to bed?

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

When I go to bed I need: (Please Circle)

Nappy Bottle Comforter Anything else? _____

If I have a bottle to go to bed how is it made?

Cows Milk Soy Milk Formula Other

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:

I am really good at.....

I really would like to learn....

Sometimes I need support when....

Cultural and Family Participation

(VEYLDF: [Community](#))

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

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

My family and I don't celebrate:

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+.

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: _____

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: _____