

LA TROBE UNIVERSITY COMMUNITY CHILDREN'S CENTRE
BACKGROUND INFORMATION

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ **PHONE: (H)**_____ **(W)**_____ **(M)**_____

EMAIL: _____

Date of application: _____

Date of enrolment: _____

Single Parent Family: **YES/NO**

PARENT 1

Name: _____

Occupation: _____

Position at University: _____

Special Interests/Hobbies: _____

How long have you lived in Australia? _____

Skills that you are willing to share with the Centre _____

PARENT 2

Name: _____

Occupation: _____

Position at University: _____

Special Interests/Hobbies: _____

How long have you lived in Australia? _____

Skills that you are willing to share with the Centre _____

HOME ENVIRONMENT

No. of Children in family: Males _____

Females _____

Position of child: _____

Cultural Background of Mother: _____

Cultural Background of Father: _____

Language(s) spoken: _____

Religion (if applicable): _____

Type of home: _____

No. of occupants: _____

Playing space: _____

Alternative arrangements (when child is not in Centre):

Additional Comments:

CELEBRATING DIVERSITY

Australia is a multicultural society a nation that consists of a wide variety of ethnic, religious and socio-economic backgrounds.

For the Centre Community to embrace diversity and promote respect, understanding and tolerance for all people we are asking you to provide information on your first language, customs and beliefs. Providing this information will assist the Centre in: meeting children’s individual requirements; provide the staff with the opportunity to share this diversity with the rest of the community; enrich the children’s program; and assist with a smooth successful transition from home to Centre by providing some familiarity between the two. As part of the Centre’s celebrations we celebrate Birthdays, Easter and Christmas however, to further enrich the children’s program we want your suggestions and ideas.

We would appreciate your assistance and any resources you may have that will enrich the sharing experience.

Please complete:

DATES/CELEBRATIONS:

INFORMATION ON CELEBRATION:

ASSISTANCE/RESOURCES AVAILABLE (Books/Web sites/Associations/Clubs):

HOW DO YOU SAY?:

Hello	.....	Soon	.....
Goodbye	.....	Work	.....
Coming back	.....	University	.....
Help	.....	Food	.....
Eat	.....	Drink	.....
Play	.....	Sleep	.....
Toilet	.....	Nappy	.....
Wee	.....	Poo	.....

Other words you think we need to know:

CHILD'S ROUTINE

Please note: if your child is under 2years of age please complete attachment 1

1. FEEDING

Needs help _____

Independent _____

Additional Comments:

2. TOILET (Please circle the statement that best describes your child's need)

Not trained

Dependent – needs assistance

Independent if reminded

Independent

Term's used/Additional Comments:

3. SOCIAL DEVELOPMENT

Relationship with parents _____

Relationship with other adults _____

Relationships with children:

a) Siblings _____

b) Others _____

Response to new situations:

General behaviour/Other comments (eg excessive fears, favourite activities):

Thank you.

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What My Teachers Need To Know About My Day

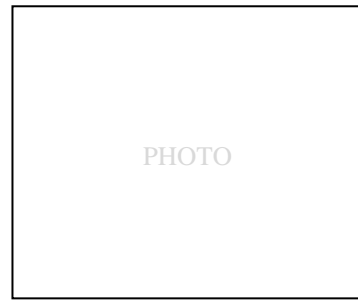
My Name:

My Age: (years and months)

Who Completed this Form

Relationship

Date Completed



Feeding: Bottle Breast Other

Type: Formula Cows milk Other

Schedule:.....

Solids:.....

.....

.....

Water: boiled tap

How do I go to sleep and when?.....

.....

.....

What do I need to comfort me?.....

.....

.....

Write a picture of my day for my new teachers.....

.....

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