

Petersham Early Childhood
Education Centre

Child Profile~
Partnership with Families

Quality Area 6: Collaborative Partnerships with Families and Communities

Child's name:	Family background?	Primary contact:
Date of birth:	Religion:	Days of attendance:
Enrolment age :	Allergies:	Mother's name:
Start date:	Additional needs: (please specify)	Father's name:

What are your child's favourite things?

Book?

Song?

Toy/Game?

Place to visit?

Things that make your child happy...

PLACE
PHOTO OF YOUR
CHILD HERE

Things you love doing as a family...

Do you have pets?

Your child's interests?

Your child's Strengths?

How would you describe your child's temperament? _____

What is your child's family living arrangements? _____

Do you have other children? Names, ages, live at home or else where

Child's toileting development? _____

Child's sleep habits/routine: _____

Does your child have any comforters to settle? Example: dummy, soft toy

What is your child's social experience like? Adults, other children _____

What is the country of birth of parents and grandparents? _____

What language/s do you speak at home/with extended families? _____

What cultural or religions issues/events would you like us to understand or address? _____

How do you expect your child to react when starting at the centre? _____

Has your child ever been left in care before? With whom and how often? _____

Describe interactions with other children, unfamiliar adults: _____

Is there any other information or concerns about your child? Example: trouble sharing, reaction to moving homes, new baby in the family

What would like your child to achieve this year? (Please make sure it is age appropriate)

I certify that the above information is correct, and I will notify the Nominated Supervisor of any changes.

Parent/Guardian signature: _____