

My Profile and Routine at Home – 0-2 Years

The team at Paisley Park Early Learning Centres aims to ensure your child settles into care easily and quickly. Individual needs of children will be considered and adapted where possible within the Centre's routine. It is Paisley Park's aim to provide a routine for your child that is as close as possible to that of home. Please complete questions and timetable below to help us meet your child's individual need whilst spending time at Paisley Park Early Learning Centres.

Personal Details			
Child's Name:			
Date of Birth:			
Parent/Guardian (1) Full Name:			
Parent/Guardian (2) Full Name:			
Date:		Review Date:	

Sleep Patterns				
NOTE: Paisley Park follows Red Nose Safe Sleeping Guidelines – please see our Safe Rest and Sleep Policy				
Sleep/Rest:	Yes / No	Time Down:		Time Up:
Sleep/Rest Continued:		Time Down:		Time Up:
Does your child sleep in:	COT	Yes/No	BED	Yes/No
Does your child have a comforter?				
How is your child put to sleep?				
Is your child wrapped? (Please indicate)	0 - 3 months wrapped with arms covered		Yes	No
	3 - 6 months wrapped with arms out		Yes	No
	6 months and above NO wrapping		NA	

Bottles/Meals					
Is your child breastfed?	Yes	No	Is your child bottle fed?	Yes	No
What is in the bottle? (Tick)	Breast Milk		Formula		Cow's Milk
*It is not recommended that children under 12mths are given cow's milk **A Doctor's letter will be required stating it is safe for your child ***Please refer to our Bottle Policies regarding preparation of bottles					
Bottle Times:					
Does your child have reflux?	Yes	No			
Drink from a cup?	Yes	No	Is your child eating? (Indicate)	Yes	No



Farex	Puree <i>(single taste)</i>	Puree <i>(multiple taste)</i>	Lumpy	Normal	Other? <i>(specify)</i>
How often does your child eat?					
Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	
Please indicate:	Eats Independently	Needs Assistance	Requires Feeding		
Can your child use the following?					
Spoon	Fork	Knife	Bowl	Plate	
What are your child's favourite foods?					
Additional comments:					

Toileting					
Is your child comfortable being changed? <i>(if no, provide details)</i>				Yes	No
How often does your child open their bowels?					
Are there any concerns with your child's toileting patterns? <i>(if yes, provide details)</i>				Yes	No
Do you use nappy cream and have you supplied it?				Yes	No
Is your child showing signs of toilet training?				Yes	No
Do they ask to go to the toilet?				Yes	No
Do they know when they have soiled themselves?				Yes	No
Do they wear:		Nappies	Pull Ups	Underwear Jocks/Knickers	Nappy for sleep
Does your child require assistance when:		Dressing	Wiping	Flushing	Washing Hands

Emotional	
How is your child comforted?	
How does your child react when you leave?	
Has your child demonstrated any fears?	
When your child is upset what do they do?	
Additional comments	



Behaviour

How do you manage your Child's behaviour in the event:

A temper tantrum is thrown?

They bite another child?

They hurt another child or adult?

They throw an object in anger or frustration?

How do you manage your child's behaviour in different environments:

In shopping centres?

In Playgroups?

With Grandparents?

In a social setting?

I Use these Words

Word	How I say this at Home	Pronunciation
Family		
Mum/Mummy		
Dad/Daddy		
Grandmother		
Grandfather		
Food		
Drink		
Water		
Milk		
Juice		
Bottle		
Dummy		
Eat		
Food		
Routine		
Sleep		
Rest		
Poo		
Wee		
Toilet		
Socks		



Shoes		
Hat		
Bag		
Play		
Inside		
Outside		
Share		
Help		
Emergency		
Sore		
Hurt		

Routine at Home	
Time	Routine (Sleep/Meals/Toileting/Activities)
0600	
0700	
0800	
0900	
1000	
1100	
1200	
1300	
1400	
1500	
1600	
1700	
1800	
1900	
2000	
2100	

Family Culture
What are some of the traditions you family celebrates and participates in?



What cultural activities and/or holidays does your family participate in?
What language/s are spoken at home?
Who lives at home with your child? Names and relationship to your child?
What are the occupations of the adults living at home?
Do you have any pets? How many and what types?
What are some activities your family enjoys?
Additional information/comments:

Acknowledgement	
Parent/Guardian (1) Full Name:	
Parent/Guardian (1) Signature:	
Lead Educator Name:	
Lead Educators Signature:	

