**Getting to know you**

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| **We would love to know a bit more about your child and family. This information will assist us to understand your child better.****Child’s Name: …………………………………………………… Age: ………………… Date: …………………………**Adults who live with your child: Eg. parents, grandparents, aunty/uncle.Their occupations:Siblings names and ages:Pets: Languages spoken at home:Child’s favourite songs, stories, toys or activities: Activities your family like to do together:Festivals/celebrations your family recognises: Has your child had previous day care experience?If your child will be sleeping at the centre, any special sleep routines?Does your child have any comfort items at sleep time? Does your child have any fears?**Thank you for sharing.** |