



Child Individual Profile

All About Me!

This form is provided to the educators in your child's room!



My name is _____

I was born on _____ Country? _____

I live with my _____

My interests are _____

My fear/dislike is _____

How to contact the people that love me!

EMERGENCY CONTACTS

My Mummy's name is _____ her phone number is _____

My Daddy's name is _____ his phone number is _____

If you can't get hold of my mummy or daddy - you can call...

My (relationship/name) _____ their phone number is _____

Or

My (relationship/name) _____ their phone number is _____

Please be careful - I am very special!

HEALTH REQUIREMENTS

Allergies and the foods I cannot eat _____

I have (please circle) Anaphylaxis or Asthma

Medical Conditions

Educators to Complete

My Asthma or Anaphylaxis Action Plan is located

I have a sleep to help me grow big and strong at _____ with my (comforter) _____

Toileting/Nappies _____

Watch me grow!! - My parents want the best for me!

CHILD DEVELOPMENT

What is your goal for your child? (Learn to write their name; develop social interactions)

What experience would you like the educators to provide for your child?
