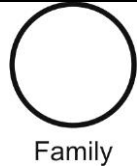


Gum Seeds Routine for LCOCC		 Family
QIAS Principle	6.4.15	
Room Name: Gum Seeds		Date: _____
Room Staff Names: Mika, Jess S Occupation: _____		



Child's Name: _____ Date of Birth: __/__/____

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

PLEASE ANSWER ALL THE QUESTIONS BELOW SO THAT THE CARE OF YOUR CHILD IS CONSISTENT BETWEEN HOME AND LANE COVE OCCASIONAL CHILD CARE CENTRE.

Does your child have any special toys/objects that they need at any time during the day? YES NO
 If yes, what is it? _____
 When do they have the toy/object? Please circle: all day at sleep time when upset
 Other: _____

<p>Sleep</p> <p>Does your child have a special sleep routine? YES NO Please circle: wrapped rocked in arms patted on back/bottom left to cry musical toy playing special toy Other: _____ Where does your child sleep at home? A Cot A bed *What time does your child Sleep: _____ Other: _____</p>
--

Bottles/Food

Does your child have a bottle? YES NO
 At What time does your child need a bottle? _____

If your child is due for a feed and is asleep, do you wish staff to wake the child? YES NO
 Is your child on formula? YES NO
 If yes, what type? _____ (please provide)
 Does your child need cow's milk? YES NO
 If yes, please circle: Straight Diluted with boiled water
 Other: _____ (please provide)

Is your child on any solids? YES NO
 Please circle: farex stewed fruit mashed fruit mashed vegetables blended solids all solids
 Others: _____ (please provide)

Does your child have any particular likes / dislikes in regards to food? YES NO
 If yes, please give details: _____

My child is a big / small eater (please circle)
 My child is a big / small drinker (please circle)
 Does your child have any specific dietary requirements? YES NO

If yes, please give details: _____

Creams / Gels / Lotions and Potions

If your child has any allergies / reactions to any baby wipes / nappy rash creams / powder or teething gels, please give details: _____

Nappies / Toilet

Is there anything specific Lane Cove Occasional Child Care Centre staffs need to know in regards to your child and his / her toileting habits? i.e. words used, level of dependence / independence

General needs

What activities does your child find especially enjoyable?

Are there any words that have special meaning to your child?

Does your child have any deep fears about anything in particular? E.g. vacuum cleaner, thunder etc.

Does your child become upset when left with other people? YES NO

If yes, please give details:

Please give any other details you feel would benefit you child and the care we provide Lane Cove Occasional Child Care Centre

These details you have provided will change over the time your child is in our care, perhaps even in the next week! Please keep the nursery staff informed as to what you are doing at home so the care that we provide is as consistent as possible for your child. If you are unsure as to what your baby should be up to, please talk to the staff - Lane Cove Occasional Child Care Centre has access to many resources.

Feel free to tell staff of any special events which are happening in your child's home life. If you have any suggestions we could incorporate in our programming, please feel free to advise staff.