**Name**  **Age**

|  |  |
| --- | --- |
| Are you able to attend the recommended visits with your child to help them settle in? |  |
| If your child is upset what is the best way to settle him/her? Does your child have a special toy or comforter they use? |  |
| What are your child’s interests? |  |
| Does your child have a day sleep and when? What is the best way to help them go to sleep? |  |
| Does your child wear nappies or are they toilet trained? How can we help to make this a positive experience for them? |  |
| Does your child have special dietary needs, allergies or medication? |  |
| Has your child been in another Centre before?How does your child respond to being in the care of others? |  |
| What language do you and your child speak at home? What common words, phrases does your child use that would be helpful for us to know? |  |
| What cultural aspects of your family are important for us to know? |  |
| Where are you all from? What is your iwi? |  |
| Is there anything else we need to know about you, your family or your child? |  |