



Routines for Dolphins

Child's Name: _____ Date of Birth: _____

Parent 1 Name: _____ Parent 2 Name: _____

Welcome to the Dolphin Room. The Carer to child ratio in the Dolphin Room is a minimum of 1 staff member to 5 children. Please fill in this form to give us a guide to your child's daily routine. It will help us to maintain as smooth a transition as possible.

Medication Authority

Does your child have a medical condition (allergy, asthma, diabetes, other)?

Yes

No

Please list _____

Have you supplied a current medical action plan provided by your medical practitioner?

Yes

No

Please be aware that if a child requires medication as outlined in the medical action plan, the medication must be at the Centre every day that your child attends.

Bottle	Yes	No
Wears a Nappy all Day	Yes	No
Toilet Training	Yes	No
Rest Nappy	Yes	No

If toilet training has not yet commenced -

I would like my child to be given the opportunity to use the toilet between nappy changes.

Yes

No

Sleep

Approx. times/duration _____

Rest / Comforter (please circle)

Dummy

Soft Toy

Wrap/Blanket



Food

Likes _____

Dislikes _____

Allergies _____

Feeds Self(*please circle*)

Yes

Trying

No

➤ **Nappy Cream** - *Have you given us a signed permission note for your child?*

Yes

No

New Environments

How does your child respond to new situations? _____

Does your child have any particular fears? _____

Has your child?

(i) Been cared for by someone else? _____

(ii) Attended another Child Care Centre? _____

Anything else we should know about your child?

Revised 8 July 2016