



Routine for Echidnas

Child's Name: _____ Date of Birth: _____

Cultural Background _____ First Language: _____

Parent 1 Name: _____ Parent 2 Name: _____

First Language: _____ First Language: _____

Welcome to the Echidna Room. The Carer to child ratio in the Echidna Room is 1 staff member to 7 children. Please fill in this form to give us a guide to your child's daily routine. The information will help to make their transition into the room smoother.

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 the child attends.

Sleep/Rest

- Does your child need to **sleep** at Bunya? Yes No
- Please circle if your child has a Comfort item for rest time. Dummy Bottle Soft Toy Wrap/Blanket

Does your child need to **rest** at Bunya? Yes No

Does your child sleep during the day at home? Yes No

Approximate sleep times/duration _____



Toileting

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

New Environments

How does your child respond to new situations? _____

Does your child have any particular fears? _____

Has your child been cared for by someone else? _____

Has your child attended another Child Care Centre? _____

Transition to School

What year do you plan to send your child to school? _____

What school are you considering for your child? _____

Food

Likes _____

Dislikes _____

Do you have any special requests in relation to your child's eating/habits?

Anything else we should know about your child?
