



Getting To Know Your Child

Parent / Caregiver 1			
First Name		Surname	
Parent / Caregiver 2			
First Name		Surname	
Your Child			
First Name		Preferred Name	
Surname		Year Level	
Has your child attended other OSHC/Vacation Care programs or childcare/long daycare programs before? If so, where?			
Does your child have any allergies?			
Does your child have any food allergies/intolerances or dietary requirements?			
Does your child have any sensory requirements? <i>Eg. Food sensory, noise sensory</i>			
Does your child have particular needs we should know about? <i>eg. a quiet space to calm down.</i>			
What might your child need help with? <i>Eg. tying shoelaces</i>			
What's your child's favourite food?			
What's your child's favourite colour?			
What does your child like to do in their spare time?			
What are your child's strengths?			
What activities would you and your child like to see in the Vacation Care program?			
Does your child have any particular interests or talents?			
Is there any other information that would help us to get to know your child?			