

School Child Profile Questionnaire

Dear

Could you please fill in this form, with help from your parents so that we can get to know you. At Trikki Kidz OOSHC we aim to provide the highest quality care for each child, it is important for educators, children and families to work together to establish common goals and learning paths for each child. Individual and group programs are designed by taking into account observations of children's interests, needs, developmental milestones, skills, abilities and family input.

Childs Name:	Date of Birth:
Do you have a nickname, or a variation of your name that you prefer to be called?	
Do you have any brothers or sisters? If yes, what are their names and how old are they?	
What language do you speak at home?	
Do you have any cultural considerations or significant events which you would like us to incorporate into our learning environment?	
Does a member of your family possess any special skills, interests or talents which they would be willing to contribute to the program? E.g. guest speaker, cook, play musical instrument etc.	
What are your favourite foods?	
What are your least favourite foods?	
What are your favourite indoor and outdoor activities?	

What excursions/incursions or other guest speakers would you like to see organised for the Service within the coming year?

Are there any significant events you would like to see added to our Calendar of Events?

Please list titles your child uses for significant people within the family:
E.g. Grandma, Nanna, Nonna etc.

Is there anything else that you would like to see incorporated into the service or learning environment?

Child's Signature:

Date:

Parent/Guardian Signature:

Date: