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Child Profile

CULTURES/TRADITIONS:	
LIKES:	
DISLIKES:	
ALLERGIES AND DIETARY REQUIREMENTS:	
DOES YOUR CHILD HAVE ANY ELABORATE ALLERGIES OR DIETARY REQUIREMENTS:	
OTHER COMMENTS:	
IS YOUR CHILD TOILET READY?	O yes
PLEASE DESCRIBE YOUR CHILD'S SLEEP ROUTINE (INCLUDING TIMES, FEARS AND PHOBIAS):	
DOES YOUR CHILD HAVE ANY COMFORTERS:	
ARE THERE ANY COURT ORDERS OR PARENTING IN PLANS IN PLACE WITH RELATION TO YOUR CHILD? PLEASE PROVIDE COPIES:	O yes
(OFFICE USE ONLY):	

SIGNED: