



## CHILDS INFORMATION

Please complete all the section and where applicable circle the correct options

Full names of Child:	
Date of birth:	Type of birth: Natural / Caesarean
Bottle fed / Breastfed	Number of Children in family _____
Position of child in family	
How do you think your child will react to separation from parents ?	
Experiences with other children	
Play interests	
Physical Development	
Language Development	
Sleeping Habits	
Eating Habits	
Toilet Routine	
Immunisations	

Infectious diseases contracted (details)	
Other illnesses and operations (details)	
Family Life	
How would you describe your child?	
Medical Aid Details	
General Medical Practitioner details (House Doctor)	
Allergies: (details)	
Is your child allergic to bee stings?	Yes / No / Don't Know
In the case of an emergency and should we not be able to contact you or your medical practitioner , may the school use their own discretion by contacting the nearest doctor available	Yes / No
Can we use photographs of your child on our social media pages? (Facebook / Instagram / Website)	I give permission. I do not give permission

Signature of Parent / Guardian : \_\_\_\_\_

Date : \_\_\_\_\_