

Room Transition All About Me form completed by the guardian.

Child Practitioner, D  
No. 327-328 Pitt St  
States operated

### ROOM TRANSITION

Name	Winter Jones
Days attending	Monday, Thursday, Friday
Allergies / Medical conditions / Eating requirements	Nil
Sleep Requirements	midday 1-2 hrs
Nappy / Toilet training	Currently potty training
Creams used	Nil
Activities / experiences enjoyed	Climbing, Running, Dancing
Dislikes	monsters
Favourite comforters	Blanky (Blanket) Dummy
Other	

All About Me form completed by the guardian prior to commencement.

Commencing M/Th/F 4<sup>th</sup>/12

NO Facebook

### ALL ABOUT ME

Child's name: Ethan Ward

Date of Birth: 21/1/2019

Sleep time is offered from 11.30am each day (not limited to)

I have a day sleep: Yes  No

Sleep Nappy: Yes  No

I am toilet training: Yes  Not Yet

Dietary Requirements: Nil

I Speak English (language) at home

Which Sunscreen will you use: (Please Circle)

Provided by Centre (Woolworths Brand) or  Supplying your own

My Parents/Guardians jobs are:

mum - Bunnings Dad - Delivery Alterations  
(check work)

My favourite things to do are:

Play outside, learn, Draw/Paint etc

I don't like:

loud sounds

Goals/Current things you are working on?

School Readiness

What year am I attending Kindy: Kindy

All About Me form given to families in Term 1 to be used for our Term 1 Observation

**ALL ABOUT ME!**

Name:

My Strengths/Favourite things:

Special people in my life:



My Dislikes:

Goals/current things we are working on at home:

Foods I love at home:

My Family Values (traditions, culture and beliefs)

Special events we celebrate

Dietary Requirement Form Completed by a Guardian

they are going - Move -> plan to next room

**DIETARY REQUIREMENTS**

Child's Name: Abigail Scott  
Room: Quokkas

Usual Attending Days:  
Mon  Tues  Wed  Thurs  Fri

My Child has the following:  
 Intolerance  Allergy  Anaphylaxis  Dietary Requirement

\*We require an action plan for any allergies and anaphylaxis prior to commencing, and we must have the correct medication on the premises.

My child can not have the following :  
egg plant

Reaction if consumed:  
Rash around mouth

Parent/Guardian Completing Form: Carney Mills  
Signature: [Signature] Date: 28-11-23