

17 - 19 Sunnybrook Drive, Wynn Vale South Australia 5127
Ph: 8289 0270 Fax: 8289 1696
Email: dl.0533_info@schools.sa.edu.au



22nd February 2017

Dear Preschool Parents & Caregivers,

The staff at Wynn Vale School OSHC would like to welcome you and your children to our service. We hope that you and your children are settling in well and the children are enjoying their time at OSHC.

To assist with the smooth transition to OSHC and the Preschool we have outlined some of our procedures below:

On arrival in the morning, please have your child/children hang their bag on the white tree. This allows easy access for them to their bag and possessions.

Please sign your child/children in with a note detailing any arrangements for collection in the afternoon (e.g. Nanna collecting from classroom, returning to OSHC after school or Aunty collecting from OSHC). Please ensure any third parties collecting your child/children are authorised in writing to do so and have photo id on them at the time of collection.

Please ensure your child has a hat specifically for OSHC and Vacation Care that is labelled with their name.

If you would like your child to have breakfast at OSHC, please bring their cereal in a labelled container and we will supply the milk. In consideration of children with allergies please provide items that do not contain nuts. If your child prefers toast, please bring in the bread for toasting or a labelled loaf.

Children are walked down to preschool each morning at 8.40am and taken to OSHC by the preschool educators after preschool if they are booked in to attend. The preschool students will be in Room E5 (Juniors Room) until 6.00pm where they can be collected and signed out. After this time they can be collected from F block (Seniors Room). Please introduce yourself to Kate and Scott who are our amazing Educators for the Junior Room.

Accounts are generated each Monday for the previous week and will be placed into your family pocket located on the right hand side of the entrance to the Seniors Room or emailed to you if this has been requested. Notices and newsletters will also be placed in the family pockets from time to time so please check them regularly.

The Vacation Care Program is released during Week 6 of each school term. The program is available from the OSHC service and the Front Office of the school. Please complete and lodge your forms with the service promptly as places fill fast. To secure your Vacation Care bookings, your OSHC Before School Care and After School Care account must be up to date and a deposit for the Vacation Care bookings paid.

Please do not hesitate to contact Karen Buckley by phone or email if you have any queries or concerns. Thank you.

The staff of Wynn Vale OSHC

PH: 8289-3580

Email: wynnvale.oshc144@schools.sa.edu.au



Government of South Australia

Department for Education and
Child Development

Wynn Vale School



"Making a Difference"

To All Our New and Returning Families

We Would Like to Welcome You All to 2017



To ensure our service keeps our fees to a minimum, so as to have less impact on our families, we would like to introduce a new practice where all our families donate once a year, one of the following items:-

- . Box of tissues
- . Handwash/Sanitizer
- . Paper towel

This will have a huge impact and will affect our budget in a positive manner which can be used to provide resources and activities for your children.

Kind regards

OSHC

IMPORTANT

Parents please read the following information

Enrolling

All forms, including the permission and booking forms, need to be completed before enrolments are accepted.

THE CENTRE NEEDS TO BE INFORMED OF ANY CHANGES IN YOUR CHILD'S ENROLMENT INFORMATION.

Attendance Records

ALL children must be signed **IN and OUT** of the program with exact times of dropping off and collection. Please advise staff when you arrive *and* when you collect your children.

Child Care Benefit

To receive **reduced fees**, parents/caregivers must be registered with the **Family Assistance Office**. To receive your fee reduction at the time of booking you must supply all of the information pertaining to your Child Care Benefit (see the Vacation Enrolment Form attached) otherwise full fees apply at this time. All over/under paid amounts will be credited or debited to accounts.

Medication

Should you require Vacation Care Staff to administer your child with any medications please inform us beforehand so that a **medication plan** can be collected from OSHC and completed by your Doctor. Medications must be correctly labeled and give to staff. ***No medication will be administered without the correct documentation.***

Cancellation Policy

Please ensure that you make bookings only for days that you know you will require child care. Once you have made a booking for a session you will be charged irrespective of whether you use that session or not.

Hat Policy

We presently have a year round hat policy. Children are required to wear hats to and from *all* excursion venues and for any outdoor activities.

Lunch and Recess

A packed lunch and morning recess must be provided by parents on every day of attendance at Vacation Care, unless it is stated in the program that lunch will be provided as part of that day's activities. **Please provide extra food for children participating in excursions.** We request that you do not send meals that:

***staff need to cook or heat including noodles* you do not include foods containing nuts.**

A healthy afternoon snack is provided by the Centre every day.

Mobile Phone Policy

Children are *not* to bring mobile phones. Messages between parents and children are relayed via staff at the Service. If this is not observed phones will be put away for safe keeping by staff and returned to parents upon departure that day.

WYNN VALE OSHC

PARENT PACKAGE

Introduction

WYNN VALE OSHC – PARENT PACKAGE (INTRODUCTION)

WYNN VALE OSHC CORE FOCUS

The staff team at Wynn Vale OSHC is here to support Wynn Vale Primary School and families, by providing a safe environment for the children. We provide meaningful developmental experiences that allow children to extend their learning through play. We encourage children's development through contact with their peers and interactions with role models, such as staff and volunteers, during the school term and holidays. We strive to provide a high quality and professional OSHC service to meet the community's needs.

Within this service we wish to offer high quality care, which reflects the needs and wants of the families, children and the community. We aim to provide a safe, secure and enjoyable learning environment that meets the developmental needs of each individual child. The centre is sustained by friendly, approachable and supportive staff, who demonstrate a high degree of professionalism and who serve as positive role models to the children and to each other.

In order to achieve a positive, dynamic learning environment, the staff team at Wynn Vale OSHC will develop a program based on individual children's needs and interests. We will ensure that children are our number one priority, by working together and being consistent. This will benefit the service and children through professional working practices.

Throughout 2016, the staff at Wynn Vale OSHC & Vacation Care will aim at achieving the following professional goals:

- Positive communication between staff, children and parents
- Consistent implementation of the Behaviour Management Policy
- Be positive role models for the children
- Have positive interactions with the staff, children and parents
- Ensure consistency in all operating areas
- Broaden our links within the local community

STAFFING

At Wynn Vale OSHC & Vacation care we aim to provide the highest level of staffing. To ensure we are providing this to your family, our ratios are as follows:

Before School Care		1:15
After School Care	Seniors	1:15
	Juniors (5 -8 years)	1:15
	(Under 5 years)	1:10
Vacation Care Home Days/Incursion Days		1:15
Vacation Care Excursion Days		1:8
Vacation Care Swimming Excursions		1:5

HOURS OF OPERATION

The service will be open during the school week Monday to Friday. In the case of any alteration parents will be notified in advance. The hours of operation will be in accordance with school needs. In the case of early dismissal the service hours will be extended and the fees will be adjusted accordingly. The service will be closed on Public Holidays. On specified days that school is closed, e.g. conference days, the service will operate depending on need.

Normal operating times:	Before School Care	7.00 – 8.40am
	After School Care	3.15 – 6.15pm
	Vacation Care	7.00am – 6.15pm

WYNN VALE OSHC – PARENT PACKAGE (INTRODUCTION)

NON ATTENDANCE

For the security of the children using the service we ask you to notify the school office or the service if you child/children will be absent from the service for any reason. The Director and the child's teacher will then be informed by the office.

VACATION CARE

7:00am – 6:15pm

We offer full day care for every day of the school holidays, except public holidays and the exception of one week between Christmas and New Year. During this time the service offers many of the same activities as Pupil Free Days, as well as going on excursions twice a week and having other activities come into the centre, for example Wheel Chair Sports, Jewellery making and Footsteps Dance company.

Children are required to bring along their recess, lunch, drink and a hat for every day they attend Vacation Care. A nutritious snack with fruit and water will be served as afternoon tea at approximately 3:15pm.

Programs are available approximately 3 weeks before the holidays commence. Place fill quickly, so please complete your booking form and return it as soon as possible.

FEE STRUCTURE

Before School Care: \$14.00

After School Care: \$19.00

Pupil Free Days: \$45.00

Vacation Care: In House \$45.00

Excursion..... \$60.00

Fees can be paid via cash, cheque, EFTPOS and credit card. They can be paid to either the Director or Assistant Director at the centre between the hours of 7:00am – 6:15pm. If fees are not paid by the due date, all care will be denied, unless prior arrangements are made with the Director.

Please note the following:

A deposit for Vacation Care must be paid 7 days prior.

All bookings are permanent and fees apply.

CURRENT DIRECTOR & ASSISTANT DIRECTOR

Karen Buckley.....Director

Karen Buckley.....Educational Leader

Kate SpringbettNominated Supervisor

Karen Buckley.....Certified Supervisor

During Before School Care there will always be 1 qualified staff member who holds a current senior first aid certificate. During After School Care there are at least 1 Qualified staff members on site (depending on ratio's), with the Director and/or Educators available. There will always be at least one member on site who holds a current senior first aid certificate. The remainder of the staff will carry out Qualified and nonqualified roles. Vacation Care is structured in a very similar manner, with either the Director or Assistant opening and closing the centre.

WYNN VALE OSHC – PARENT PACKAGE (INTRODUCTION)

The service will support families by providing relevant information as it becomes available but families must be responsible for liaising with the Family Assistance Office as needed. Families are reminded that the service is unable to communicate with the FAO with regard to details of their CCB or CCR. This is a confidently matter for all parties.

LEGISLATION AND REFERENCES

Regulations	National Quality Standard	Other Policies/ Service documentation	Other Legislation/ Guidelines
168	7.3	Enrolment and Orientation Policy	Australian Government Child care Service Handbook
172		Complaints Policy	

ANNEXURE A

Wynn Vale OSHC fee's as of 02/11/15

Before School Care	\$14.50	
After School Care	\$19.00	
Vacation Care In-house	\$45.00	
Vacation Care: Excursion/Incursion	\$58.00	
Bond Fee	\$200.00	Only applicable to families not paying fees on time
Upfront payment of full fees		Only applicable to non-school community families or families that have not paid their vacation care fees on time in previous holidays

WYNN VALE OSHC – PARENT PACKAGE (INTRODUCTION)

.....
CHAIRPERSON


.....
DIRECTOR


.....
PRINCIPAL

Ratified by Governing Council on: 14/ 2 / 17

Review Date: 12/ 12 / 17

CONFIDENTIAL: RESTRICTED ACCESS

☐ Full Enrolment ☐ Casual Enrolment

WYNN VALE SCHOOLS OSHC
Enrolment Form: Part 1

Sunnybrook Drive
Wynn Vale SA 5127
Ph: 82893580

Fax: 82893915
wynnvale.oshc144@schools.sa.edu.au

CHILD

Family Name:			Gender:	<input type="checkbox"/> F / <input type="checkbox"/> M
First Name(s):			Known as:	
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	CRN:	<input type="text"/>	
Address			Town/	<input type="text"/>
No. / Street:			Suburb:	<input type="text"/>
Postcode:	<input type="text"/>		Primary	<input type="text"/>
			Language:	<input type="text"/>
Indigenous status:	Aboriginal:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	TS Islander:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

ENROLLING PARENT/GUARDIAN & BILLING DETAILS

Name:			
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	CRN:	<input type="text"/>
Relationship	<input type="text"/>	Contact	<input type="checkbox"/>
to child:		Priority:	<input type="checkbox"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>
Email:	<input type="text"/>		

IN CARE ELSEWHERE

I am claiming Childcare Benefit at other Approved Childcare Services/ (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children:

OTHER PARENT/GUARDIAN (if applicable)

Name:			
Relationship	<input type="text"/>	Contact	<input type="checkbox"/>
to child:		Priority:	<input type="checkbox"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>
Email:	<input type="text"/>		

PARENTING PLANS / ORDERS relating to this child

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name:			Contact	<input type="checkbox"/>
			Priority:	<input type="checkbox"/>
Address:			Relationship	<input type="checkbox"/>
			to child:	<input type="checkbox"/>
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>	<input type="text"/>
Name:			Contact	<input type="checkbox"/>
			Priority:	<input type="checkbox"/>
Address:			Relationship	<input type="checkbox"/>
			to child:	<input type="checkbox"/>
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>	<input type="text"/>

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

COLLECTION AUTHORITIES ONLY

Name:			
Address:			
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>
Name:			
Address:			
Phone:	(h) <input type="text"/>	(w) <input type="text"/>	(m) <input type="text"/>

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

Enrolment Form: Part 2Child's Name: **MEDICAL AND HEALTH INFORMATION**Has the child received all immunisations appropriate for her/his age? Yes / No

If no, please give details:

Has the child received the following immunisations? (please tick):

10 - 15
years

Hepatitis B ☐

Diphtheria ☐

Tetanus ☐

Pertussis (Whooping Cough) ☐

Varicella (Chickenpox) ☐

Human Papillomavirus (HPV) ☐

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities?

 Yes / NoEffective date: / /

If yes, please record specifics:

Has the child any special needs?

 Yes / NoEffective date: / /

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods:

Reaction / Medication:

Penicillin:

Reaction / Medication:

Others:

Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name:

Phone No.:

Clinic name:

Address:

Usual Dental attendant

Dentist's name:

Phone No.:

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number:

Health Care Card number:

Enrolment Form: Part 3Child's Name: **BOOKINGS**BSC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:						
Depart:						

Arrive:

Depart:

From: / / for: weeks / or until: / / or Ongoing (tick) ☐ASC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:						
Depart:						

Arrive:

Depart:

From: / / for: weeks / or until: / / or Ongoing (tick) ☐VAC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:						
Depart:						

Arrive:

Depart:

From: / / for: weeks / or until: / / or Ongoing (tick) ☐**IS THERE ANYTHING MORE WE NEED TO KNOW?**

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

CONSENTS

Please initial next to each item to which you consent.

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program . ☐I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate. ☐I consent for a staff member to apply sunblock to my child if required. ☐I consent for a staff member to apply insect repellent to my child if required. ☐I give consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury. ☐**AGREEMENTS**

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: Date: / / Interviewed / Accepted by: sighted a child health record (tick) ☐Date: / /

Asthma Risk Minimisation Plan Template

Cover Sheet

This Plan is to be completed by the Director or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

Children's Service or School Name:		
Phone:		
Student's name:		
Date of birth:	Year level:	
Asthma Action Plan provided by parent/carer (please circle): YES / NO		
Asthma Triggers:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
Medication Storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:		Date:
Signature of principal (or nominee):		Date:

Appendix

Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?

MEDICATION AUTHORISATION FORM

Childs name _____

I have read and understand the Centre's policy on medication and acknowledge that paracetamol will not be given to my child by a staff member, except within strict guidelines (see medication policy).

Medication that is prescribed as a single course, over a defined period to be administered at defined intervals will only be administered when supplied in its original packaging. The original packaging must have clearly labeled directives.

I understand that any medication, prescribed or non-prescribed (e.g. cough mixtures, herbal mixtures, ventolin, teething gel, creams) will not be given to my child without a Health Management Plan completed by a medical practitioner or an accredited naturopath.

Medication must be provided in the original container with the child's name and dosage, and must be within the use by date. Medication is not to be pre mixed.

I agree to inform staff of the time and dose of any medication that has been given to my child within 12 hours before arriving at the Centre.

If my child develops a high temperature while in childcare, the staff will contact me or a nominated emergency contact to arrange for my child to be collected. I understand that in the meantime, should my child's condition give cause for concern, staff will call Ambulance SA for advice, which may include the need for my child to be transported to hospital.

Signature _____

Name (print) _____

Date _____

WYNN VALE SCHOOL OSHC
CREDIT CARD INSTRUCTION



Date: _____

Student Name: _____

Payment For: _____

Card Number

Amount: \$ _____

Verification No:

Expiry Date:

Visa/Bankcard/Mastercard (please circle)

Name on Card _____ Phone: _____

Signature: _____

REQUEST FOR BOOKINGS

NAME OF CHILD

DATE:

DATES REQUESTED:

BSC: _____

ASC: _____

I UNDERSTAND THAT THIS BOOKING WILL BE ACCEPTED AS A CONFIRMED BOOKING.

IF THERE IS NOT A PLACE AVAILABLE FOR YOUR CHILD A STAFF MEMBER WILL NOTIFY YOU AS SOON AS IS PRACTICAL.

PARENT / CAREGIVER SIGN:

RECEIVING STAFF MEMBER SIGN:

Casual FEE

Email Address Advice

Child's Name	Date
Email address	
Parent / Caregiver Name	
Sign	

NOTIFICATION OF ABSENCE / CANCELLATION OF BOOKINGS 2 WEEKS NOTICE

NAME OF CHILD	DATE:
DATES FOR CANCELLATION:	
BSC: _____	
ASC: _____	
AM AWARE THAT MY CHILD'S BOOKING WILL BE DELETED AND NO FEE CHARGED.	
PARENT / CAREGIVER SIGN:	
RECEIVING STAFF MEMBER SIGN:	

Wynn Vale OSHC Checklist 2017

17-19 Sunnybrook Drive Wynn Vale

Phone: 82893580

Email: wynnvale.oshc144@schools.sa.edu.au

- . Please ensure you have filled in all sections of the enrolment form
- . Filled out your yellow booking sheet
- . Set up payment plan if required (blue form)
- . Allergies – attach care plans (with doctors signature) as required
- . Dietary intolerances – what symptoms we need to be aware of and what action to take
- . Have you contacted Centrelink?
- . Provide a labelled hat to be left at OSHC

Thankyou

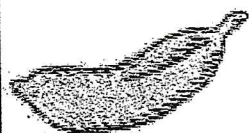
Wynn Vale OSHC



What to pack for lunch

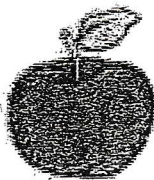
Each day try to send

Fruit - for example



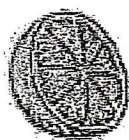
banana

OR



apple

OR



orange

OR



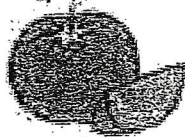
watermelon wedge

Vegetables - for example



avocado spread on bread

OR



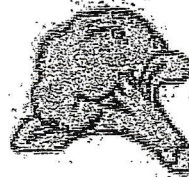
tomato wedges

OR



green garden salad

OR



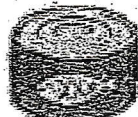
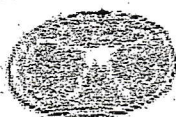
broccoli or carrot sticks

Meat or Meat alternative - for example



egg

OR



cooked red or white meat including chicken and fish

OR



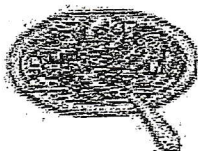
cooked legumes eg. baked beans, kidney beans

Bread/cereal - for example



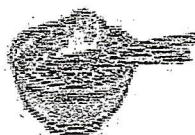
bread

OR



cooked pasta/noodles

OR



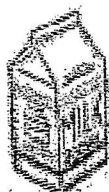
cooked rice

OR



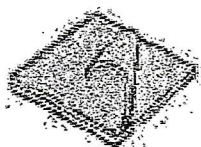
bread roll

Milk food - for example



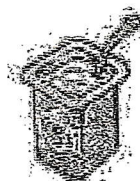
plain or flavoured milk or soy milk

OR



cheese

OR



yoghurt

Child Information Sheet

All About Me!

Dear Parent/Guardian,
At OSHC, we value the children's input into the activities, excursions, the environment and the snacks we eat. Please could you help your child to complete this information sheet which helps us to plan our program and cater for individual needs! ☺ Thank you

My name: _____ Age: _____

My family:

My favourite thing to do on the weekend:

My favourite food/meal:

To relax I like to:

On an excursion I would like to go to:

5 words to describe me:

I like to (Please Circle):

Dance	Play musical instruments	Listen to music	Make things	Try new food
Read	Play board games	Sing	Write stories	Imagine and make believe
Dress Up	Play inside	Make up plays	Play outside	Be a leader
Play computer games	Solve problems	Do experiments	Play in the sandpit	Watch movies
Make new friends	Help others	Do activities in groups	Cook	Learn about other countries
Do art and craft	Puzzles	Draw & colour in	Learn new things	Do activities by myself
Play sport	Construct/build things	Paint	Play group games	Play with playdough