
Mini Gems Children's Centre



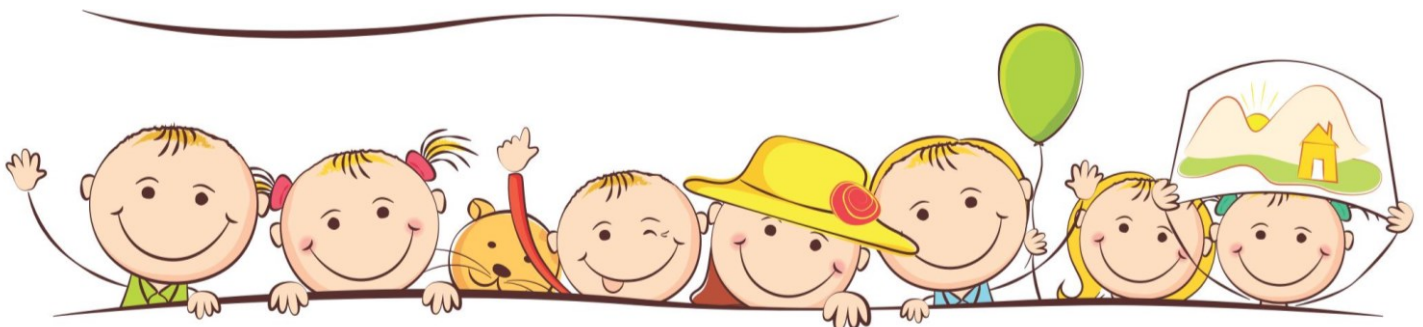
PO Box 425
COOBER PEDY
SA 5723

LOT 19 Paxton Road
COOBER PEDY
SA 5723

Phone: (08) 8672 4623

Email: mnayani@cpcouncil.sa.gov.au

Learning is as precious as our Mini Gems...

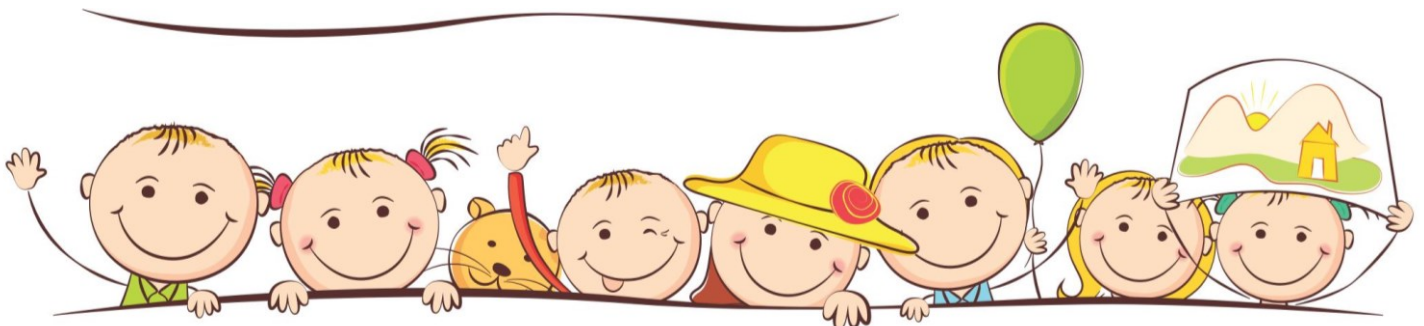


“Help us to know your child better”

Welcome to Mini Gems Children’s Centre. Our staff are committed to providing a secure, trusting and danger free environment where the children can explore, learn and develop the skills needed to become confident and happy participants in our society.

This form is to help us to get to know your child better and support their individual needs while at Mini Gems.

Please fill out these questions to the best of your ability. Some of these questions will not apply to your child. If you need any assistance with this form, please do not hesitate to ask Mini Gems staff.



Child's Personal Profile

Child's details:

First name: _____

Preferred name: _____

Last name: _____

DOB: ____/____/20____

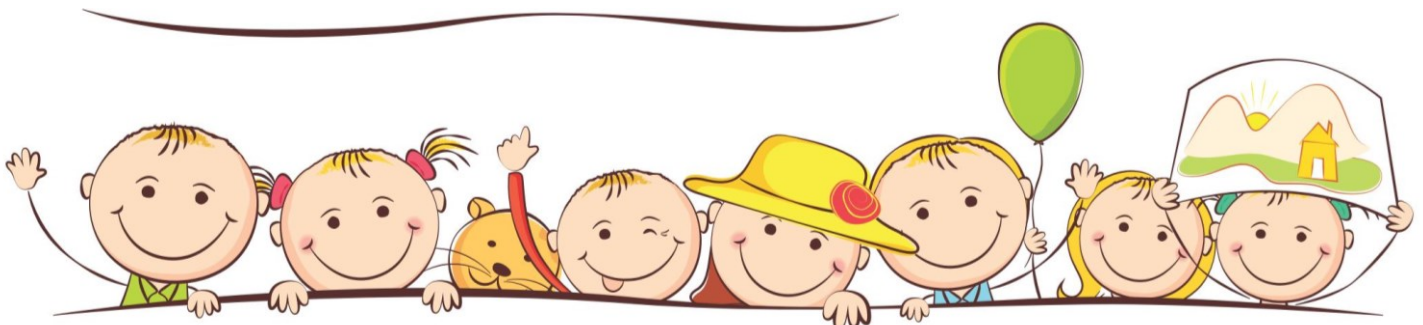
Gender: Male / Female / Unspecified

Start date: ____/____/2026

Room / Section: *Geckos - Under 2's Section*

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Goannas - Over 2's Section

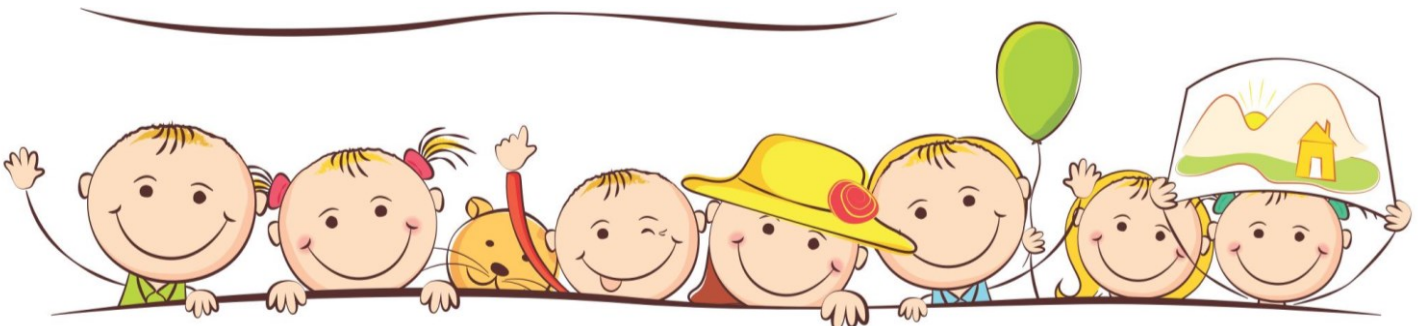
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Child information:

Siblings and ages:

Your child's interests/things he/she likes to talk about: eg. cars, singing, Peppa Pig, outdoor play

Any strengths/things your child is good at? eg. climbing, cutting with scissors



Any things your child finds difficult? eg. separating from parents, sharing

Pet names?

Do you speak a language other than English at home?

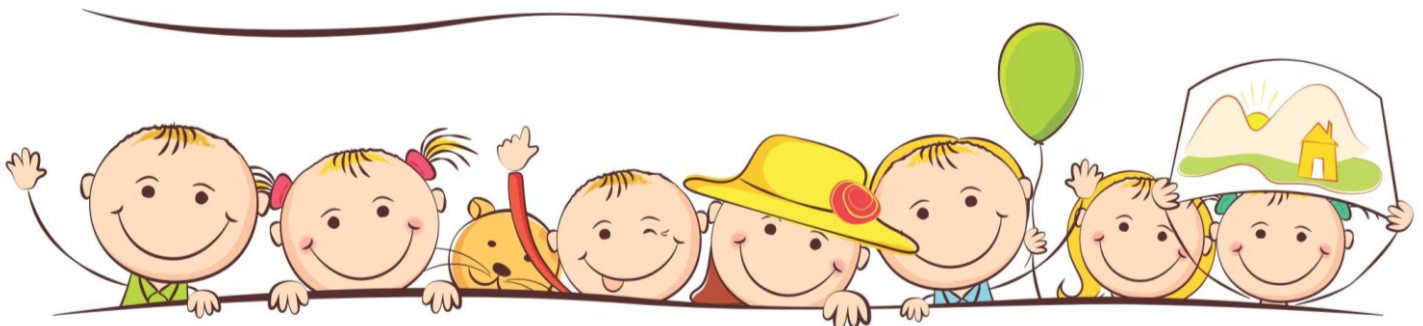
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Yes

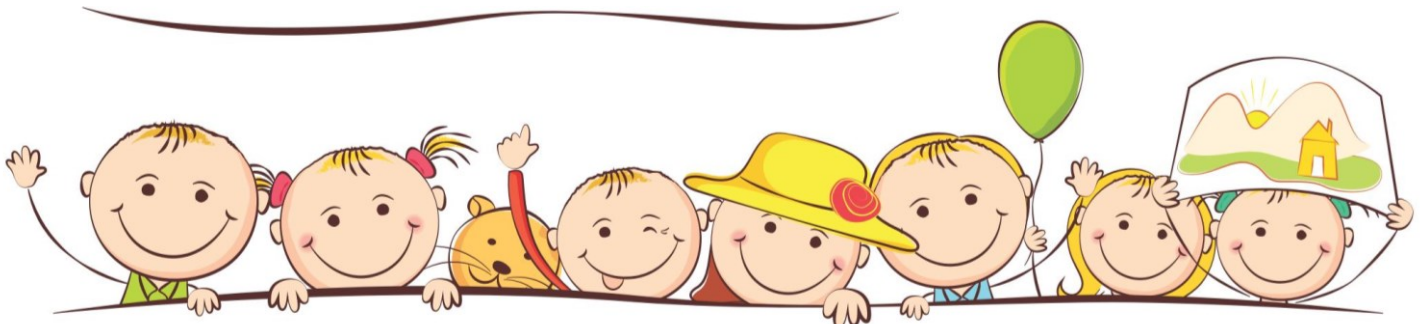
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No

If yes, are there any key words or phrases used in this language that you would like us to use? eg. Greek grandmother - Yiayia



Does your family celebrate any cultural festivals, traditional customs or family traditions? eg. Chinese New Year, NAIDOC week, Orthodox Christmas, Vesak Full moon Poya day



Child's development:

At what age did your child:

- Sit up: _____
- Crawl: _____
- Walk: _____
- Self feed: _____
- Talk: _____
- Self toilet: _____

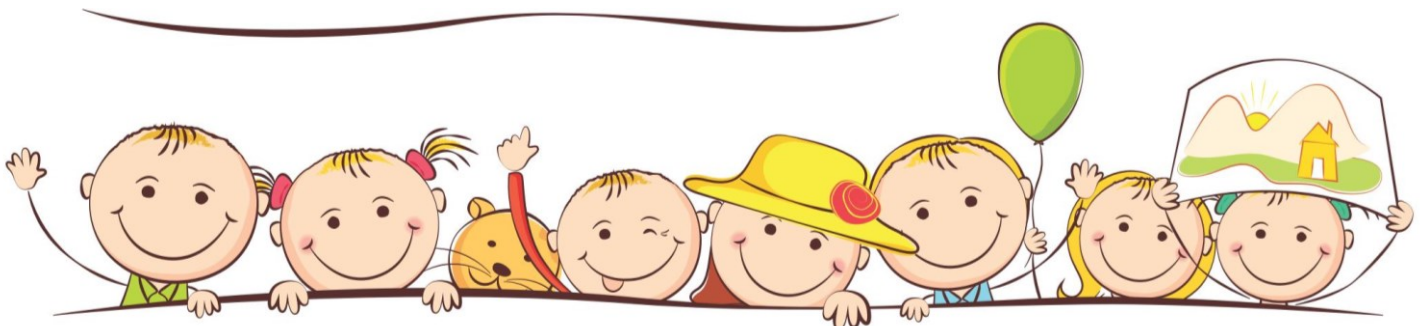
How would you generally describe your child when playing at home? (please circle)

Independent / Dependent

Active / Quiet

Does your child use a dummy? ☐ Yes ☐ No

Does your child hold a cup? ☐ Yes ☐ No

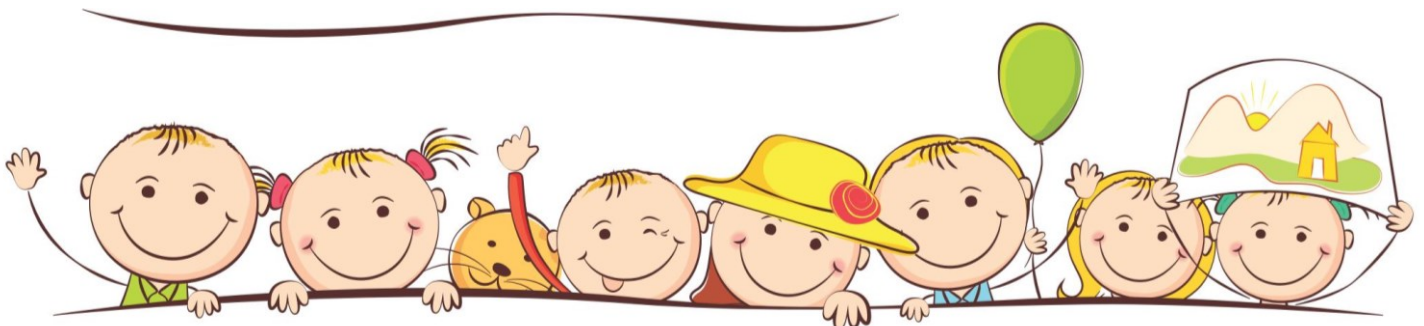


Toilet training:

What is your child's current stage of toileting? (please circle)

nappies / training / requires assistance / manages by self

What words/strategies do you use when toileting? eg. key words such as "potty time"



Eating:

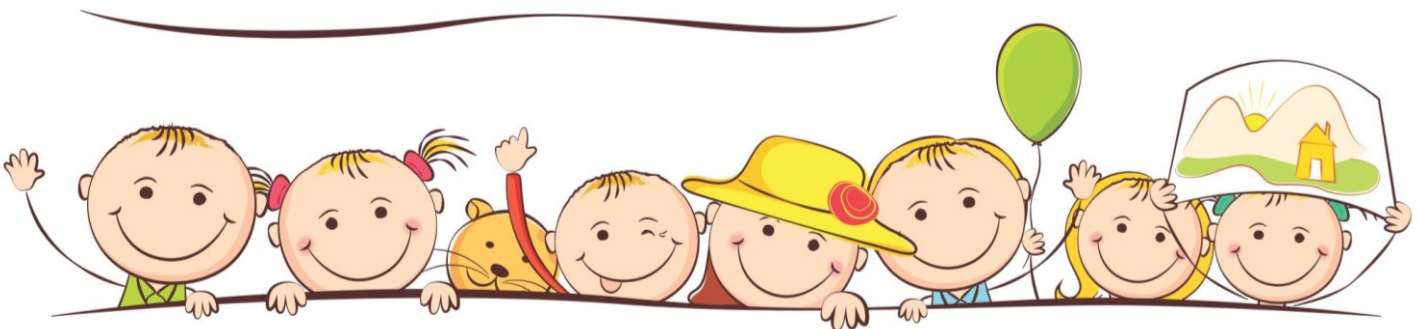
What is your child's current stage of eating? (please circle)

*requires assistance / manages with fingers only
/ learning to feed self / feeds self with help
/ manages by self*

Dietary conditions / restrictions:

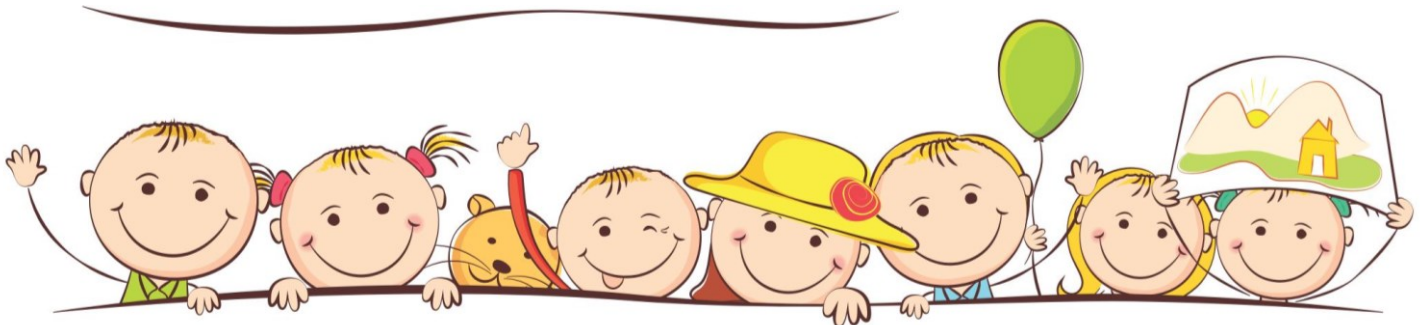
Is your child small or large eater?

Is there any food your child particularly likes?



Is there any food your child dislikes?

Are there any special considerations at mealtime? eg. tools used (hands / spoons), slow eater



Drinking:

What type of milk does your child drink? (please circle)

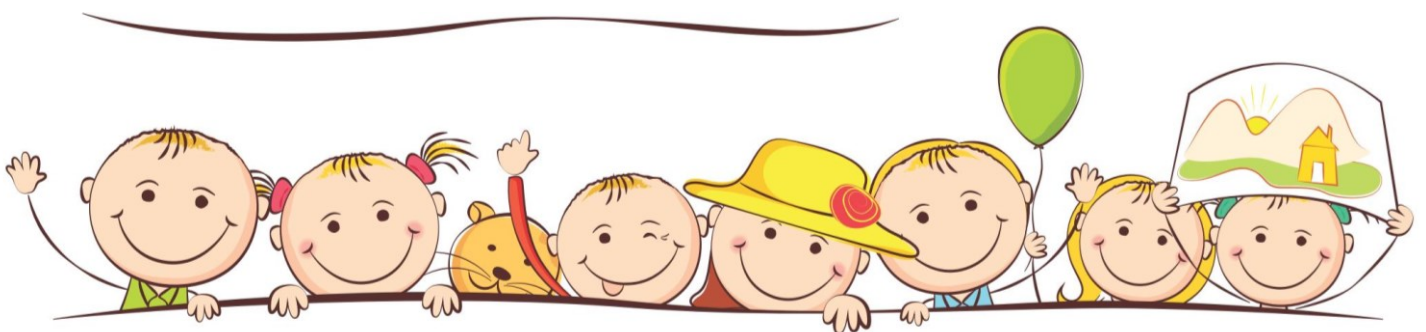
*cows milk / soy / formula / breast milk
/ other: _____*

If your child requires breast milk, what can Mini Gems do to support you? (Mini Gems is breast feeding friendly)

How does your child drink this?

Bottle / cup / feeding cup / other: _____

Extra information:



Sleeping:

Does your child sleep: (please circle)?

cot / rocker / pram / other: _____

(Please keep in mind that we must follow the SIDS for kids sleeping procedure. If your child requires a rocker or pram to sleep in, you will need to provide a note from the doctor.)

What time does your child normally wake up in the morning?

What time does your child normally go to bed at night?

Does your child normally sleep during the day?

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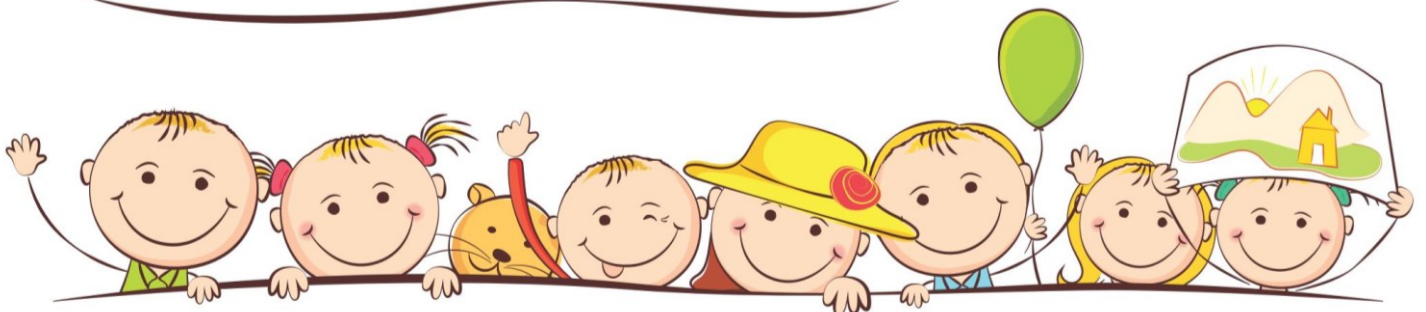
Yes

☐

No

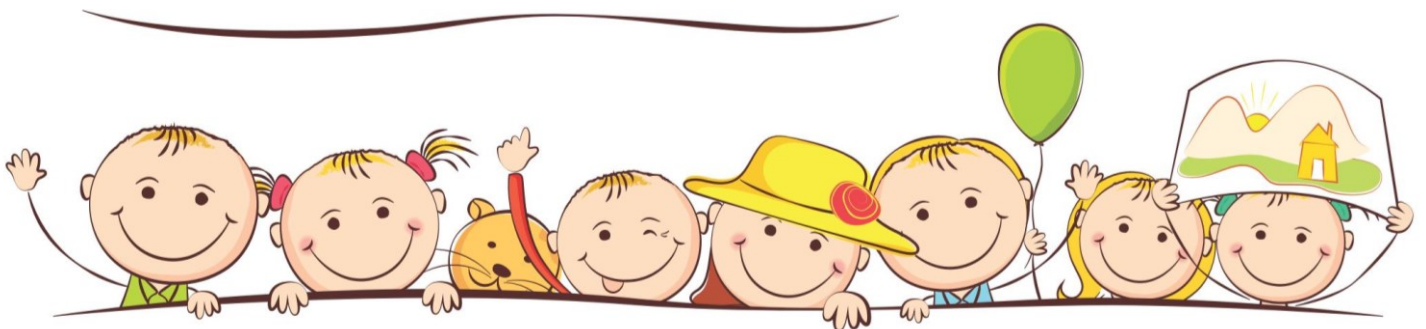
When?

For how long?



Does your child have any sleeping problems? eg. wakes several times during the night

Are there any special routines followed? eg. comforters, blanket, bottle, dummy, language used



Social information:

Are there any other people with whom your child spends time with that would be beneficial for us to know?

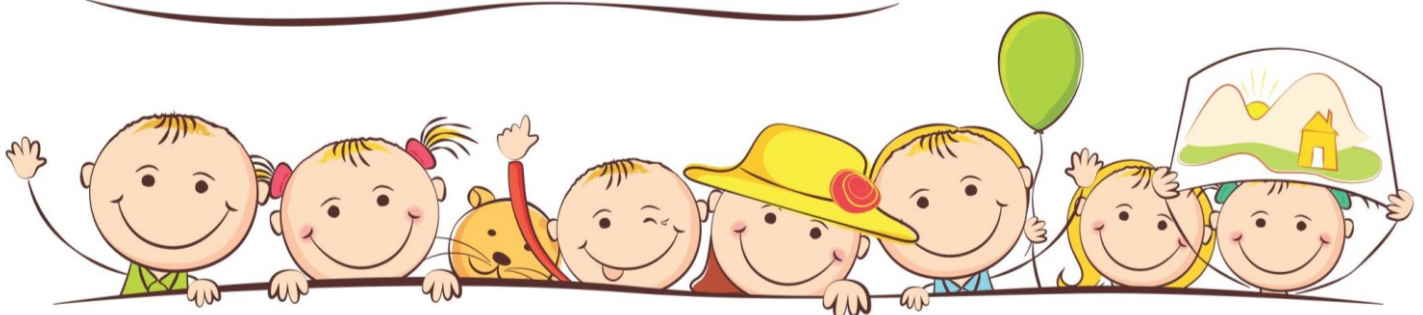
Has your child experienced previous daily care other than with family?

How does your child react to:

- *Being away from you?*
-
-

- *Other adults?*
-
-

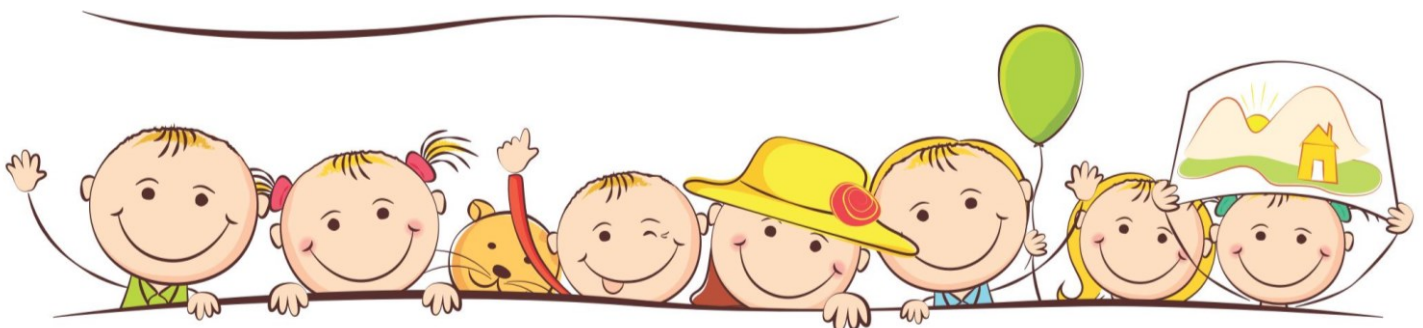
- *Other children?*
-
-



Does your child have any fears or phobias? eg. animals, loud noises, separating from parents

What does your child find comforting? eg. rocking, singing, toy

Any other relevant information you like to provide to help staff get to know your child better:



Individual daily routine:

(Gecko's - under 2's section only)

To assist staff in meeting your child's need, please complete the following routine form. This will enable us to help your child settle into care.

[illegible]

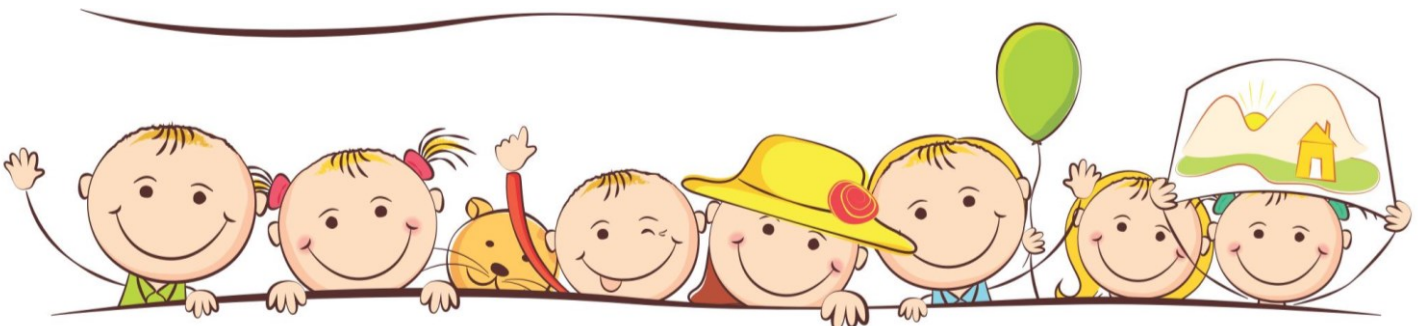
Please note we will aim to follow the above routine as much as possible, however please expect some changes in your child's eating and sleeping routine while your child settles into care. Please feel free to call during the day to check on your child's day. 😊

Parent:

Do you have any fears or anxieties while your child attends Mini Gems? eg. my child will get hurt, my child will hurt another child

What behaviour strategies do you implement at home? eg. removal of toys, reward system

What hopes do you have for your child whilst attending Mini Gems? eg. improve social skills, make new friends



What is your culture? And where does your family come from?

Father:

Mother:

Grandparents:

Would you or a family member like to be involved in the centre in anyway? eg. group activity, cooking

Thank you 😊

