



Biography Form for Early Childhood

Child's name	
Date of Birth	
Parent's names	
Telephone No	
Address	

Please complete the following biography form for your child prior to the interview. These questions are relevant for your child's enrolment and will be discussed further during interview. This form and the information on it is private and confidential and will only be used by the teacher.

CHILDS HISTORY

Does your child currently attend Lavender Cottage Parent & Child Group YES NO

Are there any aspects of your pregnancy and/or the birth of your child which
May be relevant to their education and/or development? YES NO

Is your child toilet trained YES NO

What age was your child toilet trained? _____

Were there any difficulties? YES NO
If yes, please give brief details _____

Does your child wet the bed? YES NO
If yes, under what circumstances _____

Does your child suck thumb or fingers or have any other habits? YES NO
For example, nail biting, sucking or twisting hair? _____

Has your child been immunised? YES NO
Triple Antigen or Homoeopathically Measles/Mumps/Rubella? _____

4/5 Year old booster? _____

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Are there any letters or sounds your child does not speak clearly yet? YES NO
If yes, please give brief details _____

Does your child have any difficulty hearing or seeing properly? YES NO
If yes, please give brief details _____

Does your child have a history of recurring illness? For example ear infections? YES NO
If yes, please give brief details _____

Home and Family Rhythms

Do both parents reside in the home? YES NO
If no, please give brief details of family dynamics _____

How much time is spent in each home? _____

Did your child settle into a sleep pattern easily? YES NO
If no, please give brief details _____

How is your child's mood upon awakening? _____

What time does your child go to bed on weekdays? _____

Weekends? _____

What, if any, is the bedtime ritual? _____

Does your child fall asleep easily? YES NO
If no, please give brief details _____

Does your child sleep through the night? YES NO
If no, please give brief details _____

Is there any history of recurring nightmares or dreams? YES NO
If yes, please give brief details _____

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Does your child follow any special diet? YES NO

Vegetarian/Vegan YES NO

Dairy or Gluten Free YES NO

Food Allergies YES NO

Other – Please give details _____

Is your child a fussy eater? YES NO

Has your child attended day care, family day care and/or stayed with extended family for long periods of time? YES NO

Do both parents work outside of the home? YES NO

Which language(s) is/are spoken at home? _____

What nationalities/cultures are represented in the child's background (parents/grandparents)?

Is your child from a Cultural and Language Diversified background? YES NO

If yes, please give brief details _____

What festivals or holidays does your family celebrate? _____

Play

What activities does your family do together that your child enjoys? _____

Does your child swim or enjoy any other physical activities? YES NO

If yes, please give brief details _____

Does your child watch TV or DVD's YES NO

How often? _____

For how long? _____

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What programs? _____

Does your child go to the movies? YES NO
How often? _____

Does your child use a computer or games console? YES NO
How often? _____

For how long? _____

Does your child have access to a mobile phone device? YES NO

Does your child have access to the internet? YES NO

What kinds of music does your child listen to at home? _____

Does your child have siblings? YES NO
What are their ages? _____

Does your child have friends in the neighbourhood? YES NO
What are their ages? _____

Does your child have any pets? YES NO
If yes, please give brief details _____

Does your child have any imaginary playmates? YES NO
If yes, please give details _____

Does your child have a special toy or doll? YES NO

Is there anything else that you feel is pertinent to your child's biography that has not been covered here? For example, family dynamics, illnesses, trauma, moving, travelling.

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Thank you for taking the time to complete this for, it helps us to understand you and your child.

Signature of Parents/Carers:

Date: _____