

## Little Jarjums Preschool Family Partnerships Form

*At Little Jarjums Preschool Educators tailor your child's experiences to suit their social, emotional and learning needs. By completing this form, together we can ensure your child's learning experience builds their self-esteem and confidence. Thank you for working with us to help build strong positive foundations for your child.*

**All information supplied is kept in the strictest confidence and stored securely.**

### Personal Details

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Carer 1 \_\_\_\_\_

Parent/Carer 2 \_\_\_\_\_

Home address \_\_\_\_\_ Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Names and ages of other children in the home as of February 20\_\_

\_\_\_\_\_

\_\_\_\_\_

### ATSI Origin ( Aboriginal and Torres Strait Islander)

Please tick

Aboriginal \_\_\_ Torres Strait Islander \_\_\_ Non-Indigenous

Land/Country \_\_\_\_\_

Language or dialect e.g. Bundjalung \_\_\_\_\_

**We identify with a culturally/linguistically diverse group?** Yes \_\_\_ No \_\_\_

Land e.g. Ireland \_\_\_\_\_

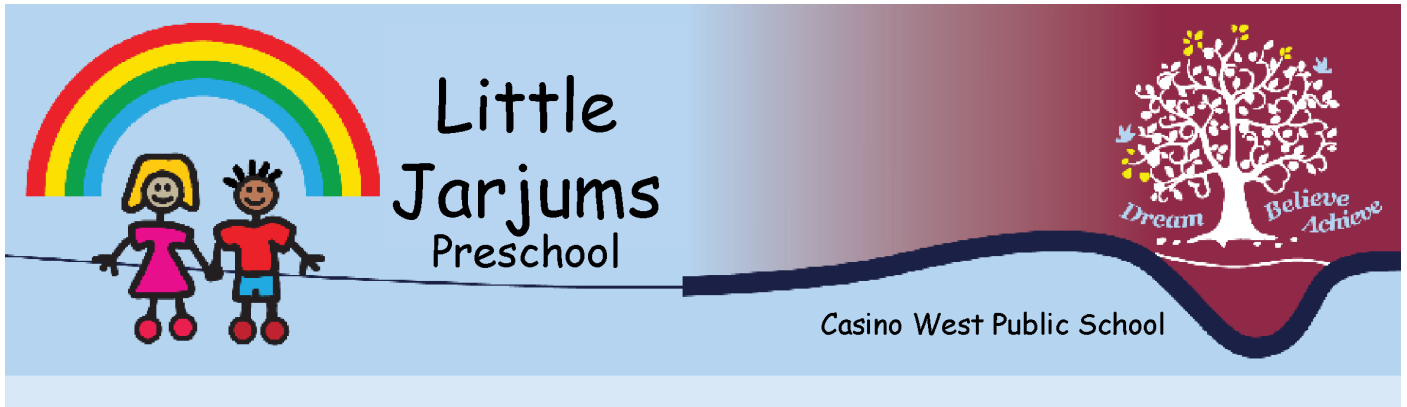
Language or dialect e.g. Celtic \_\_\_\_\_

### We speak a language other than English?

Child Yes \_\_\_ No \_\_\_ Language \_\_\_\_\_

Parent/Carer 1 Yes \_\_\_ No \_\_\_ Language \_\_\_\_\_

Parent/Carer 2 Yes \_\_\_ No \_\_\_ Language \_\_\_\_\_



## Little Jarjums Preschool Family Partnerships

**My child attends additional early childhood services?** Yes \_\_\_ No \_\_\_

<b>Preschool</b> _____	On: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
Contact person _____	Phone _____
<b>Long Day Care</b> _____	On: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
Contact person _____	Phone _____
<b>Family Day Care</b> _____	On: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
Contact person _____	Phone _____
Early Intervention _____	On Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
<b>Contact Person</b> _____	Phone _____

**I give permission for Little Jarjums Preschool teachers to speak with and share information about my child with additional early childhood services.**

Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Partnership with our Community.**

My child attends/has attended the following community services:

Speech Therapy \_\_\_ Occupational Therapy \_\_\_ NCAHS Vision \_\_\_ Physiotherapy \_\_\_

Hearing Specialist \_\_\_ Ear, Nose and Throat Specialist \_\_\_

**I have reports I can share about my child?** Yes \_\_\_ No \_\_\_

**I wish to talk to the teacher about my child's development.**

Speech and Language \_\_\_

Fine motor skills e.g. cutting \_\_\_

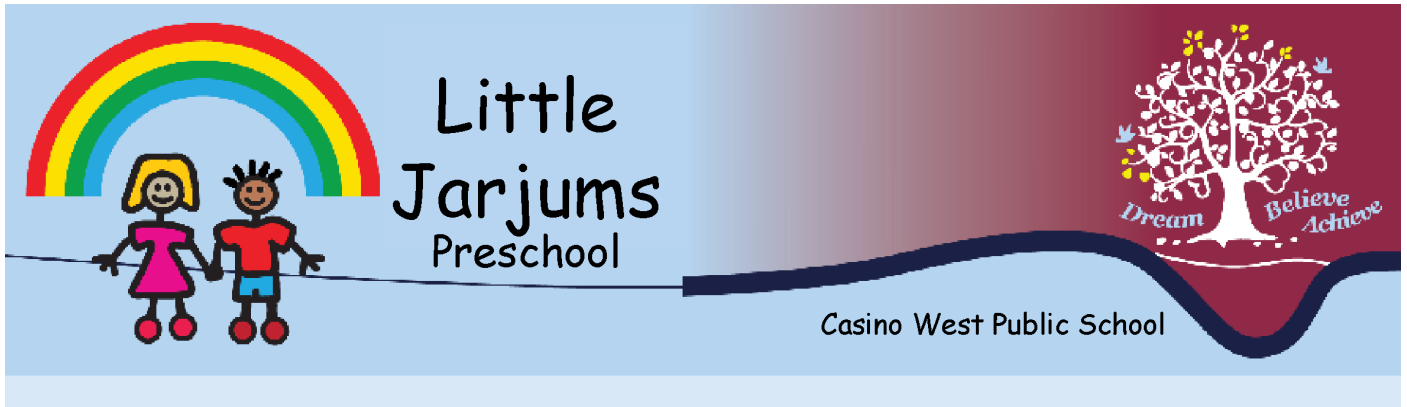
Social skills \_\_\_

Toileting \_\_\_

Other \_\_\_\_\_

**My child's zoned school for kindergarten is** \_\_\_\_\_

**I will be seeking to enrol my child at** \_\_\_\_\_



## Little Jarjums Preschool Family Partnerships

**Little Jarjums Preschool is a diverse community of families. We celebrate diversity through sharing and exploring each family's cultural customs. Let us know what is important to your family.**

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**Our preschool program is developed by engaging with each child and identifying areas of interest. Interest's change all the time so our program does too. To get us started with building a relationship with your child, we would love to know what they like, dislike and love!**

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**Please list the goals you have for your child while at preschool**

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Thank you for taking the time to complete this form