



## **Little Gems Parent Input for** **Individual Curriculum**

Family Name: \_\_\_\_\_

Child/rens Names: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

I wish to make application for:

- ☐ Funded Kindergarten Program Option A (Mon, Tues, Wed, Mon, Tues)
- ☐ Funded Kindergarten Program Option B (Thurs, Fri, Wed, Thurs, Fri)
- ☐ Funded Kindergarten Program plus Long Daycare
- ☐ Long Daycare (circle preferred days) Mon Tues Wed Thurs Fri
- ☐ School Term Times Only ☐ Full Year (excludes 4 weeks over Christmas Period)

**Note: All of the above selections are subject to availability.**

*I have completed the enrolment form.  
I have read and agree to comply with the  
requirements set out on this form and in  
the Service's policies.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Child/Family Information

Please list what skills, talents, interests and culture that you and your family (not forgetting grandparents) are able to share with Service.

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Family Information - type of family and names (parent/siblings/extended family living together/blended family).

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Any special considerations, for example, any cultural, religious or dietary requirements or additional needs.

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Languages spoken at home (this includes 'special' words your child uses for a particular items, eg. dummy-boo boo).

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Family preferred care giving strategies - any strategy in particular that you see that works for you and your child in relation to particular situations (eg. at meal times, when your child is upset, during and after a tantrum)

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Routines - toileting, sleep, rest, etc.

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How will we know when your child is tired?

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How does your child wake: Quickly, slowly, do they like to get up immediately or stay for a while?

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Likes/Dislikes (in relation to food, play, routines - anything you can think of).

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## Further Information

Here is the opportunity for you to offer us input into your child's individual program. Your input is important to us and your child's program, because it provides us with more pieces of the puzzle in relation to getting to know your child and enables us to plan enjoyable experiences for them which maximises their opportunities for learning.

What do you feel are your child's current needs eg. development of social skills, expansion of vocabulary?

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How could we assist your child in these areas?

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What are your child's current interests and how can we foster these interests at the Service?

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What do you feel are your child's strengths at this point in time? How can we provide further development of your child's strengths at the Service?

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**Note: This information will be used by Educators to compliment the individual curriculum that is implemented for your child. You may update this information at any time. To do this, please speak to your child's Educator(s) or the nominated supervisor.**

**Parent/Guardian Statement**

I acknowledge that I have read and understood the information as set out above and hereby make an application for my child/children to be enrolled at Little Gems.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please sign:**

I hereby give/don't give my permission, as the parent/guardian of

\_\_\_\_\_

For Gems Christian Education Limited to give and collect information from specialist personnel who may have information to assist in meeting the needs of my child.

Information may be personal, scholastic, behavioural, social or medical.

Specialist personnel may include the child's previous/future school, disability agencies, medical and allied health professionals and verification personnel.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

**Please Remember**

**We encourage family participation and involvement in the Service.** This allows you to see firsthand what we do and your child sees that there is a connection between home and the Service. We welcome your feedback and view **'Feedback as a Gift'**.