



Child's Name:

D.O.B:

General Information about your Child.

**Please answer these questions in as much detail as possible.
This will help us to get to know your child and help settle your child more quickly.**

Has your child had any childcare apart from you or close relatives?

It would be helpful to tell us where so we may gather their progress reports from the childcare provider. If you prefer not to tell us, that is perfectly fine and we respect your confidentiality.

Does your child have any brothers or sisters? If yes, what are their names and ages?

Is there anyone else in your child's life that are special to them eg. Grandparents, family pet etc

Does your child have a parent who works away from home or lives elsewhere that we need to be aware of to support your child?

What are your child's favourite foods?

Can they feed themselves? What cutlery do they use?

From 2 years old we encourage correct use of knife and fork, are you happy with this?

Mealtimes: breakfast, lunch, and tea. What time do they have these meals? What would they usually have?

Where does your child sit to eat?

Are there any foods that your child does not like?

Does your child have any allergies? Or cannot have certain foods e.g. for religious beliefs etc?

Are any milk feeds to be given to your child during the day? At what times? How much?

Do you warm their milk?

NB: Keyperson to give parent a copy of our Bottle Feeding Policy

What type of milk does your child drink?

What does your child drink? At what times?

Do they use a bottle, cup with lid or cup without lid?

Do they hold it themselves?

Does your child have a dummy or comforter? When does your child have them?

Does your child have any medication on a regular basis or have any medical needs? If yes, you will need to discuss this with the Baby Unit Supervisor.

Does your child have any daytime sleeps? At what times? How do you get your child to sleep?

Usually, how long do they sleep for?

Do you have any special requests with regard to sleep patterns?

**Is your child in nappies? What is your preferred type of nappy and cream?
(These can be brought in daily or a supply left in nursery) Please let your keyperson know.**

Do you use cream at every nappy change?

Is your child toilet/potty training?

Is your child toilet trained? Do they need help with anything?

NB Keyperson to discuss bringing in spare clothes and procedure for bringing in nappies/wipes etc when needed.

Who will drop off and collect your child?

Are there any songs, rhymes and stories your child enjoys with you at home?

Are there any activities that your child likes?

What does your child enjoy doing?

Does your child dislike any activities, or has had any bad experiences/fears?

Do you think your child is on target with their development? Do they need extra support for anything?

What are your expectations for your child whilst at nursery? What would you like us to achieve?

NB: Keyperson to complete 'Look at Me Now' sheets with parent on entry to nursery to establish their starting point so the keyperson can plan for your child's future development.

Does your child attend any other children related groups? Such as swimming classes, playgroups etc.

Are there any professionals involved with your child e.g. Speech Therapist?

Is there anything else that you would like to share with us, that you consider helpful? E.g. Court Orders

Thank you for completing this form. If there are any changes to any of the details please let us know as soon as possible. Your keyperson will make a care plan from this information provided which informs all the Siblings staff team how you would like your child looked after and what routines you'd like us to follow.

Forms completed on _____ (date) by:

Name _____

Relationship to child: _____

Forms completed with:

Staff Name: _____

Job title: _____