Little Blossoms Day Nursery

Getting to know your child

Providing us with the following information will enable Little Blossoms staff to give your child the outstanding care in which they deserve whilst at our setting. Feel free to include any additional information at the end of the form.

Name of Child: ………………………………………………………………………………………………………………

Date of birth: ……………………………………………… Gender: ………………………………………………

Is this the first time you child has been left with anyone except family?

€ Yes € No

Has your child attended a previous setting? If yes, please specify.

€ Yes € No …………………………………………………………………………………………………………………

Does your child have any significant people in their life? E.g. Cousins etc. Please specify. € Yes € No ……………………………………………………………………………………………………

What is your child’s first language spoken? ………………………………………………………………

Please describe in brief, your child’s routine:

Please tick the following statements are relevant to your child:

My child can,

€ Talk in sentences and ask simple questions € Climb confidently

€ Hold a conversation € Dress independently

€ Jump € Balance on one foot

€ Count up to five (in order) € Form friendships

€ Shows interest in technology

€ Has a comforter, e.g dummy. Please specify ……………………………………………………………

Sleeping:

Does your child have a nap during the day? Please specify times. € Yes € No

…………………………………………………………………………………………………………………………………………………

Does your child have a time limit? E.g. not allowed to sleep more than one hour. Please specify. € Yes € No ……………………………………………………………………………………………

How does your child like to be settled to sleep? E.g. rocked in a pushchair.

…………………………………………………………………………………………………………………………………………………

Where does your child prefer to sleep? E.g. Cot, pushchair etc.

…………………………………………………………………………………………………………………………………………………

Does your child show any signs when they are becoming tired? Please specify.

€ Yes € No ………………………………………………………………………………………………………………………

What is your child’s mood when they awake? E.g. happy, grumpy etc

…………………………………………………………………………………………………………………………………………………

Eating:

What do you do when your child refuses their food?

…………………………………………………………………………………………………………………………………………………

Do you advise Little Blossoms staff to do the same? € Yes € No

Does your child need any help when eating? E.g. cutting foods. Please specify.

€ Yes € No ………………………………………………………………………………………………………………………

Which milk would you prefer your child to have: € Full fat € Semi-skimmed

Is your child able to drink from a cup with no lid? € Yes € No

Can your child use: € Knife € Fork € Spoon

Is there any certain food that your child does not like? Please specify.

€ Yes € No ………………………………………………………………………………………………………………………

Is there any certain food your child particularly enjoys? Please specify.

€ Yes € No …………………………………………………………………………………………………………………………

Toileting:

What does your child wear? € Nappies € Pull-ups € Pants/knickers

Is your child toilet trained or training? € Yes € No

Which does your child use: € Potty € Toilet

Does your child need assistance using the potty/toilet? € Yes € No

Which does your child prefer to do: € Watch and observe € To be hands on and experience € Listen

What is your child very good/confident at doing? ………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

What does your child like to play with the most? E.g. cars, dolls etc.

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does your child have any particular places the like to go/visit? E.g. swimming, the farm, the park. ……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does your child have any animals they like to be around? E.g friend’s cat, own dog. ………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Does your child have any special friends or children they enjoy playing with? If so, what do they enjoy doing together? € Yes € No …………………………………………

…………………………………………………………………………………………………………………………………………………

What do you think your child may need support with whilst at Little Blossoms?

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Do you have any concerns in regards to your child’s learning and development or behaviour? Please specify. € Yes € No ………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please tick the methods of communication you prefer- this will enable Little Blossoms to keep in touch with you.

€ Telephone (Call) € Mobile (Text) € Email €Facebook (Message) € Letter

Is there any other information about your child that you would like to share with us? € Yes € No ………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Do you have any questions before your child begins their first session at Little Blossoms? € Yes € No ……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………

Parent/Carer signature: ……………………………………………………… Date: …………………………………

Key worker signature: ……………………………………………………… Date: …………………………………

Nursery Manager Signature: ……………………………………………… Date: ………………………………