

**About your child**

Childs name: .....

Date of Birth: .....

Home telephone: .....

Mother work: .....

Mother mobile: .....

Father work: .....

Father mobile: .....

Emergency contacts:

.....  
.....

Names and ages of brothers or sisters:

.....  
.....

Name and types of pets if any:

.....  
.....

First language of child: .....

**Does your child:**

Have a special comforter or toy?.....

Have a special word for the toilet?.....

Deal with his/her own toilet needs?.....

Have any special needs including diet?

.....  
.....

Any particular food dislikes?

.....  
.....

How does he/she get to sleep? (e.g. cuddled to sleep)

.....  
.....

What are his/her nap times?

.....  
.....

Appear to be left or right handed?.....

What does he/she particularly like doing?

.....  
.....

Any allergies?

.....  
.....

Has he she had any previous childcare experience?

.....  
.....

Religion of your child? .....

Any previous illnesses?

.....  
.....

**Immunisations**

Yes

No

- Diphtheria
- Polio
- Whooping cough
- Measles

Date of last hearing test? .....

Signed.....parent/carer

(Delete as appropriate, to be signed by all persons with legal responsibility for the child. Please attach any relevant copies of court orders.)

Date.....