

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.....