

Springfield Day Nursery



• Learning by Doing •

All about me

This is a fillable form. Please complete all sections and save as a PDF. Alternatively, you can also print out the form and complete it if you would prefer. Once completed please also attach a recent photograph or drawing of your child and return to Springfield Day Nursery.

My Name is:

Children's development is unique and special. In order to help us support your child in our setting please can you supply the following information. A member of staff will be happy to help you. There are some parts to fill in with your child. Some areas of this form are appropriate to different development stages. Please complete the ones relevant to your child. Our setting is committed to safeguarding and promoting the welfare of children, young people and adults at all times and expects everybody working within this setting to share this commitment.

Have you been left before?

If yes, please give details

Who are important people to your child?

e.g. Grandparents, friends, siblings

How can we help your child to settle into our nursery?

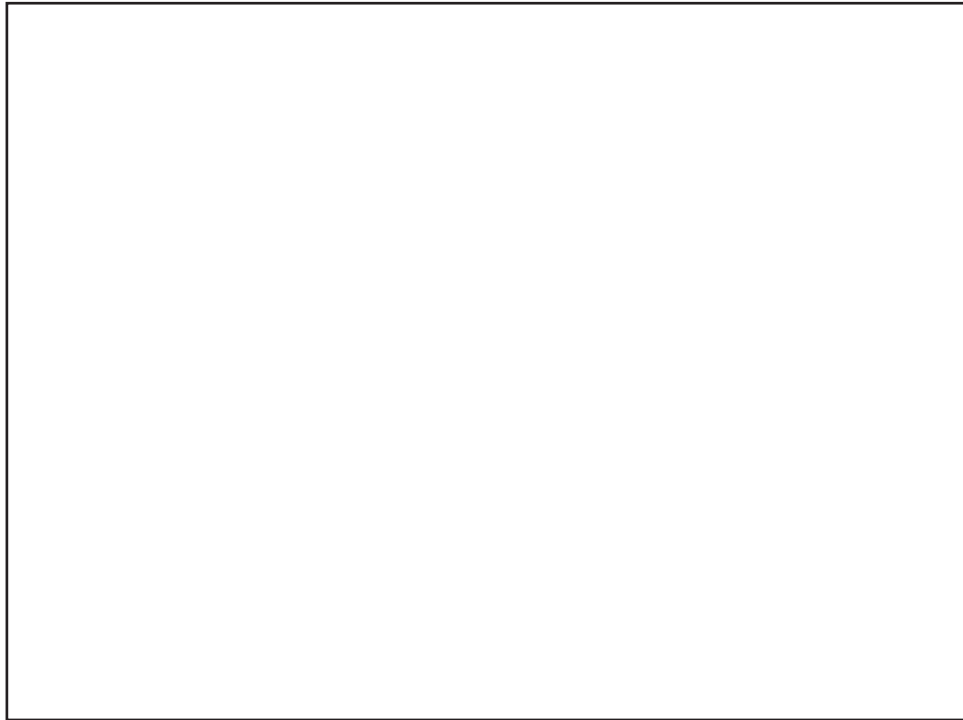
What does your child like doing?

e.g. favourite toys, books, inside/outside activities

What can I do...

Roll over	Yes	No
Crawl	Yes	No
Sit up aided	Yes	No
Sit up un-aided	Yes	No
Starting to take first steps	Yes	No
Walking un-aided	Yes	No
Put on my coat	Yes	No
Put on my shoes and socks	Yes	No
I can speak to express my needs	Yes	No

Tell us about your child's sleep and rest patterns, e.g. where, what time, comforter, position.

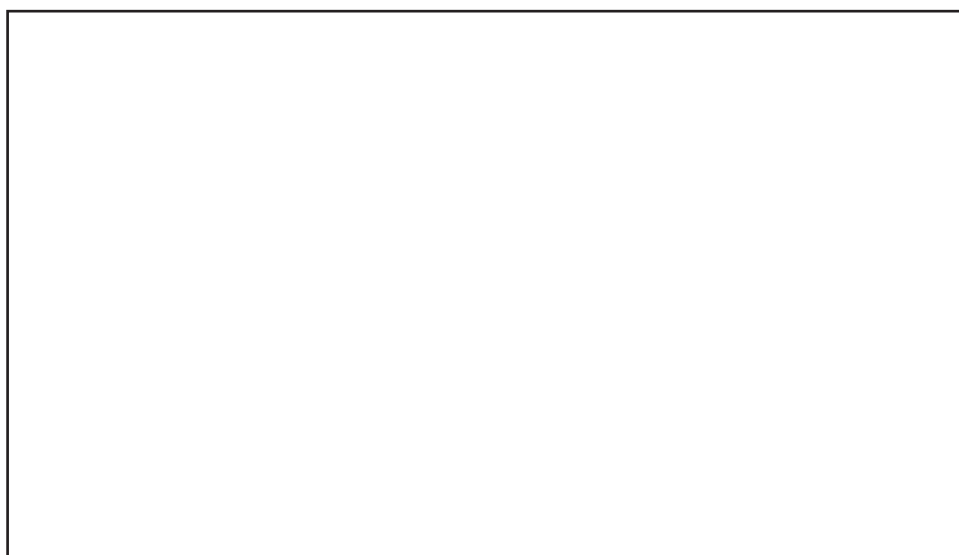
A large, empty rectangular box with a thin black border, intended for the user to provide details about their child's sleep and rest patterns.

Please ask if you wish to see our procedure on sleeping positions in regards to Sudden Infant Death Syndrome.

Toileting

I am in nappies	Yes	No
I am potty training	Yes	No
I am learning to go to the toilet on my own but still need some help	Yes	No
I am clean and dry during the day	Yes	No
I can wash and dry my hands	Yes	No

Please tell us how we can help your child
with toileting



Additional Needs

Has your child got any specific needs?

Hearing

Speech

Vision

Behaviour

Physical

Other (please provide details below)

Has your child had support from any of the following?

Health visitor

Speech therapist

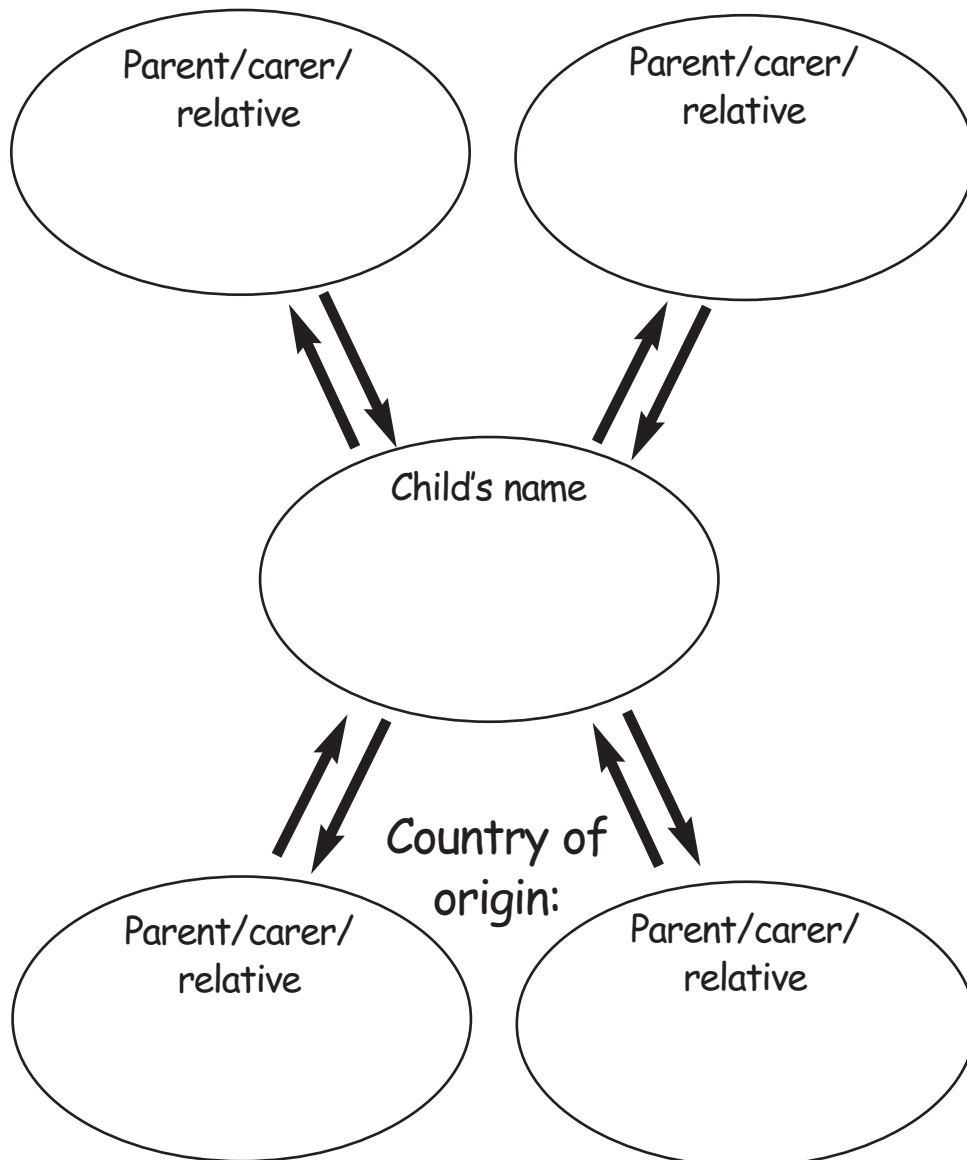
Physiotherapist

Paediatrician

Other (please provide details below)

Languages I speak with my family

To help us with the transition into nursery please can you complete this diagram.



For younger children please advise us of
your feeding/meal patterns?

e.g. Weaning, times, bottles.

At mealtimes and snack I can...

Use a bottle	Yes	No
Hold bottle	Yes	No
Drink from a feeder cup	Yes	No
Drink from beaker	Yes	No
Eat with a spoon	Yes	No
Use a knife and fork	Yes	No

In our nursery we provide all children with a balanced lunch and healthy snacks, which we encourage them to eat.

All menus as displayed and can be adapted for dietary requirements.

Does your child suffer from any allergies?

Are there any foods or drinks that your child must NOT have for health or religious reasons?

Are there any holidays and festivals that you celebrate with your child?

Any other information you feel we should know?

A large, empty rectangular box with a thin black border, intended for the user to provide additional information or comments.

Your child will be allocated a key person when they have settled into nursery.

This information will be available in their learning journeys.

All nursery policies and procedures are available on request.