

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 here of your child and return to Springfield Day Nursery.

My Name is:

Date of birth:

Date started:

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 booklet are appropriate to different developmental 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.

Any other information you feel we should know?

A large, empty rectangular box with a thin black border, intended for a parent to provide any additional information they feel the nursery should know.

Your child will be allocated a key person when they have settled into nursery. This information will be available via the Family App and displayed in the nursery. All nursery policies and procedures are available on request.

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?

WE ARE A NUT FREE NURSERY.

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?

Have you been left before?

Yes ☐ No ☐

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 I can do.....

Roll over

Yes ☐ No ☐

Crawl

Yes ☐ No ☐

Sit up aided

Yes ☐ No ☐

Sit up un-aided

Yes ☐ No ☐

Starting to take 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 ☐

Words that I say and what they mean.....

[illegible]

For younger children please advise us of your feeding/meal patterns? e.g. Weaning, times, bottles

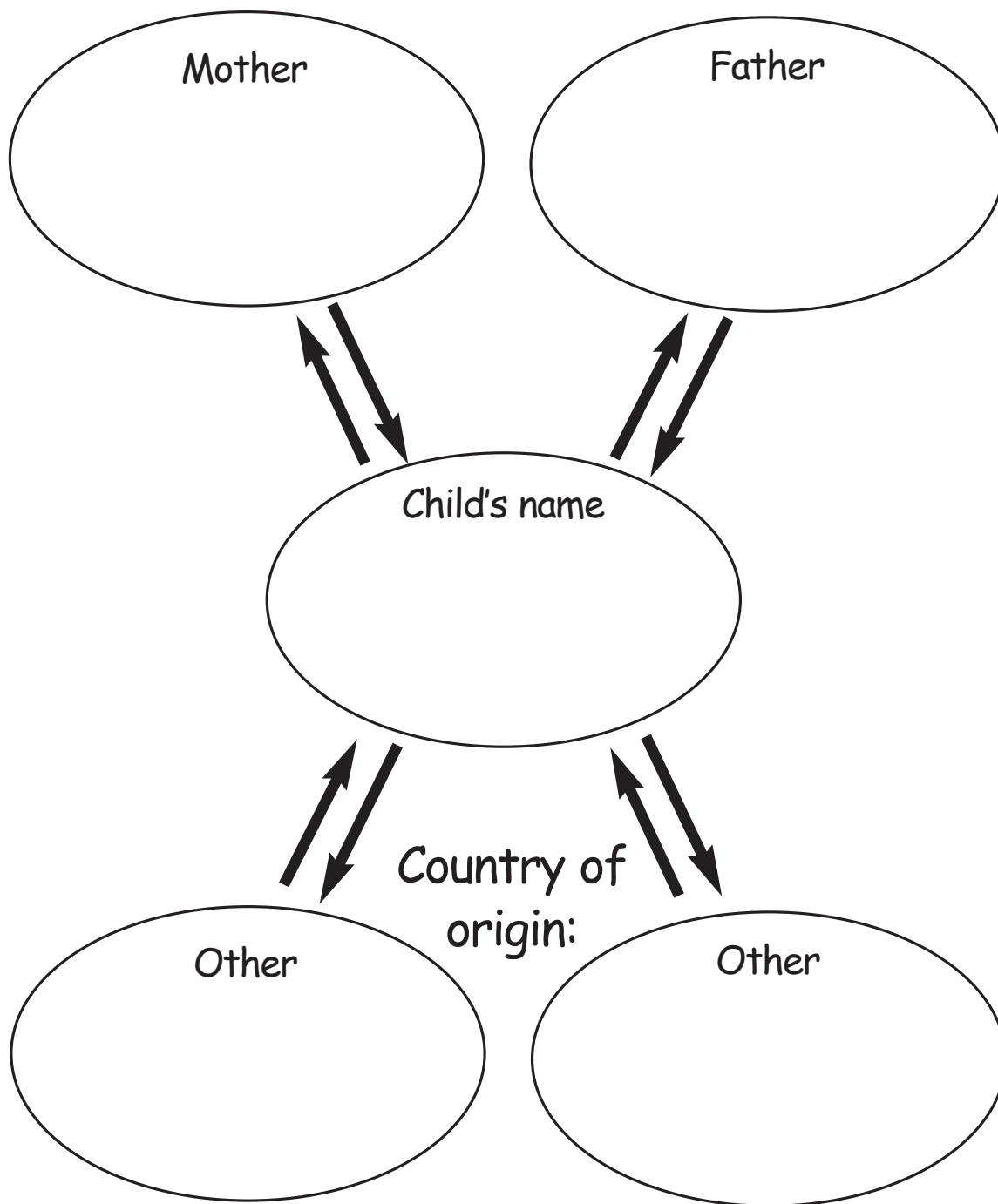
The introduction of solid foods should start around 6 months. For further guidance please visit:
www.nhs.uk/start-for-life

At mealtimes and snack I can.....

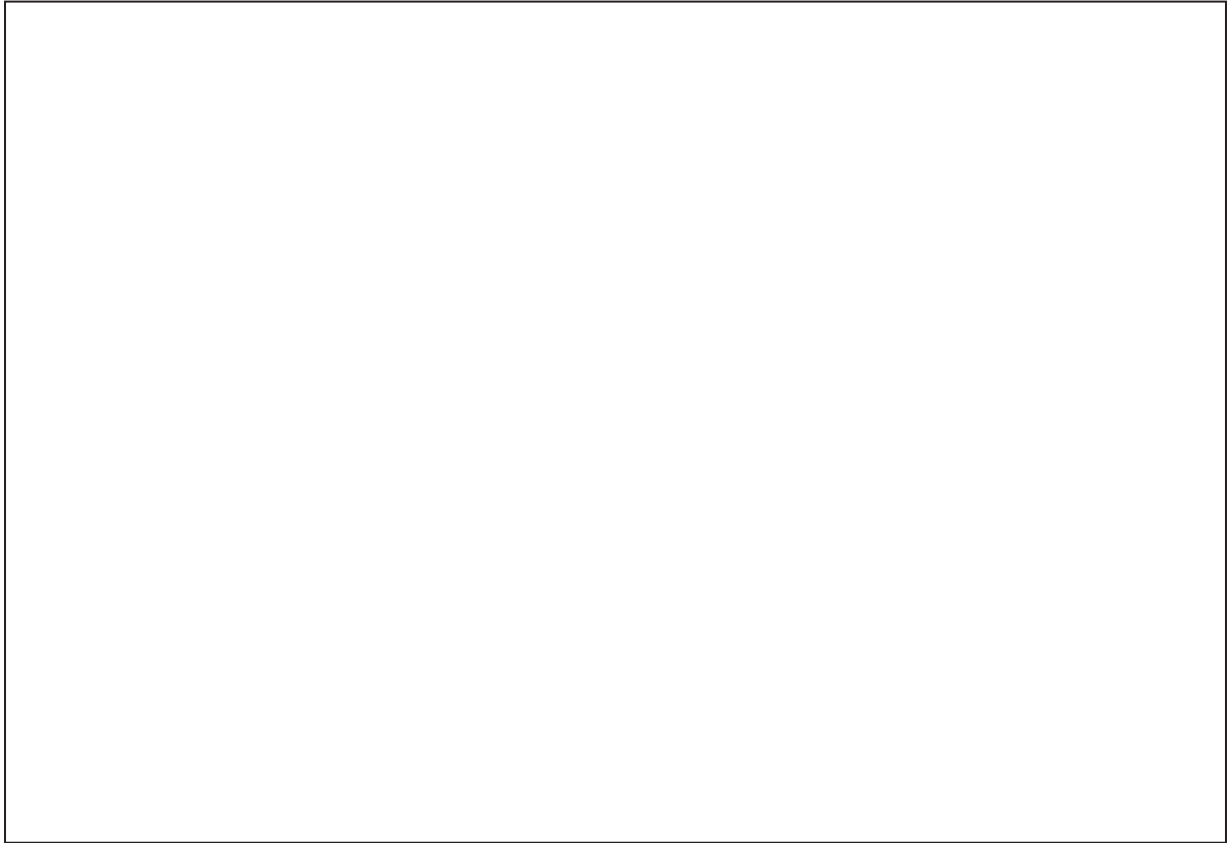
| | | | | |
|-------------------------|-----|--------------------------|----|--------------------------|
| Use a bottle | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hold bottle | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Drink from a feeder cup | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Drink from beaker | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Eat with a spoon | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Use a knife and fork | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Languages I speak with my family

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



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 a parent to write 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 ☐

Has your child had support from any of the following?

Health visitor ☐

Speech therapist ☐

Physiotherapist ☐

Paediatrician ☐

Other ☐