



Chickywicks

Day Nursery

Getting to know you

Child's Name:

Keyworker:

DOB:

Start Date:

Who does your child live with? Please give details, names, ages, i.e. siblings, other family members/carers.

Who has parental responsibility for your child? Please give full names

What language does your child speak/understand at home?

Are there any words your child uses for certain things?

Does your child have a dummy, bottle or other comforters? If yes, when does your child use them?

Please list some food your child particularly likes to eat at home

Which utensils does your child use at meal-times?

CHICKYWICKS DAY NURSERY, NORTHWOOD, MIDDLESEX, HA6 1DN

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Are there any current concerns regarding your child's health and development progress?
(Please give details of contacts with specialists or agencies)

Has there been any cause for involvement by medical professionals or Social Services regarding your child.
(Please give details below)

Any additional information you feel would be useful for us to know to enable us to assist your child to settle into the nursery? (i.e., previous nursery experience)

Have there been any significant changes in your child's life recently?
(is, new baby, moving home, bereavement etc)

What stage are you at regarding potty training?

Is there any further information you would like to share with us regarding your child?

Signed:

Print Name:

Date:

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