

# LITTLE GEMS NURSERY

21B LYNMOUTH ROAD, LONDON N16 6XL

## General Information

Full name of Child: \_\_\_\_\_ Age: \_\_\_\_\_.

Date of Birth: \_\_/\_\_/\_\_\_\_ Country of Birth .....

Full Name of Mother:..... D.O.B: \_\_/\_\_/\_\_\_\_ N.I:

Address.....  
.....  
.....

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_.

Home Phone No: ..... Work No:..... Mobile: .....

Full Name of Father:..... D.O.B: \_\_/\_\_/\_\_\_\_ N.I:

Address.....  
.....  
.....

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_.

Home Phone No:..... Work No:..... Mobile: .....

If you do not collect your own child, please provide full details of the people who have the right to pick up your child from Nursery and please provide a suitable password.

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.....  
.....

Other children in the family

Name: ..... Age: ..... Relationship: .....

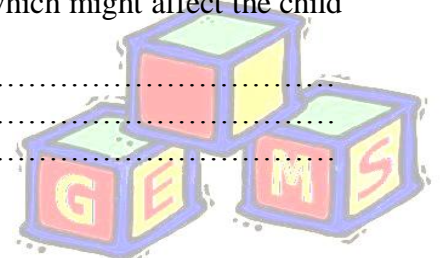
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Name and address of Family Doctor:

.....  
.....  
.....

Any other information we should be aware of e.g. family circumstances which might affect the child e.g. divorce or separation.

.....  
.....  
.....



Who does the child live with (only parents, grandparents too)?

Emergency contact details: (give **two** if possible-besides parents' contacts)

Name	Address	Telephone Number	Relationship to child
1. .... .....	..... ..... ..... .....	.....	.....
2. .... .....	..... ..... ..... .....	.....	.....

## Independence

**Dressing and undressing:** (Please tick the actions your child can do independently)

Take off socks	<input type="checkbox"/>			
Put socks back on	<input type="checkbox"/>			
Take off shoes	<input type="checkbox"/>			
Put shoes on	<input type="checkbox"/>			
Fasten shoes with	<input type="checkbox"/>	Velcro <input type="checkbox"/>	Buckles <input type="checkbox"/>	Laces <input type="checkbox"/>
Take off coat	<input type="checkbox"/>			
Hang up coat	<input type="checkbox"/>			
Put on coat with	<input type="checkbox"/>	Zip <input type="checkbox"/>	Buttons <input type="checkbox"/>	
Wash hands	<input type="checkbox"/>	Blow nose <input type="checkbox"/>		
Eat by him/her self	<input type="checkbox"/>			

**Toileting:** (Please respond to the following with Y for yes or N for no)

Does your child	Ask to go to the toilet? <input type="checkbox"/>	Use the toilet properly? <input type="checkbox"/>
Go to the toilet by him/herself? <input type="checkbox"/>	Require assistance with buttons / belt? <input type="checkbox"/>	

Does your child require additional support to:

Wash bottom <input type="checkbox"/>	Wipe bottom <input type="checkbox"/>	Wash hands <input type="checkbox"/>
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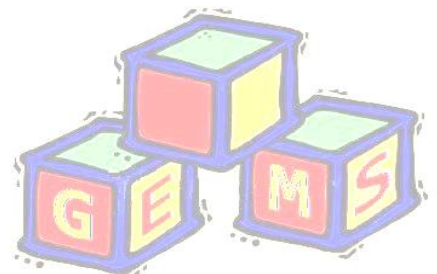
## **Moods, feeling and behaviour:**

Does your child have a special toy/comforter? If so, what is it?

Young children often become frustrated and angry. When this happens, how do you deal with it?

How do you comfort or reassure your child?

What things worry or frighten your child?



How do you show your child that you are pleased with them?

How well is your child able to mix and play with other children?

Are you aware of any issues with relationship to adults or children of which we should be aware?

Please provide additional information that may help your child settle into the nursery:

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.....  
.....

## Playing and Learning

**Please tell us about:**

The games your child likes to play:

Family and friends your child plays with:

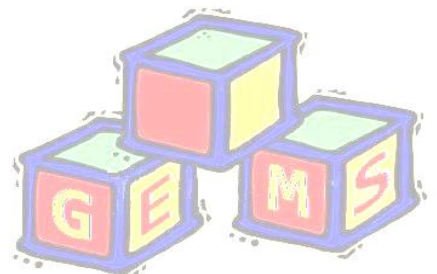
Does your child prefer to be with others or alone?

What kind of things do you enjoy doing together with your child? (Shopping, visiting, etc)

Does your child know how to use a computer/phone/ ipad or remote control toys?

What pre-school experience has your child had in the past? (Please state name of establishment and dates)

- |                             |                          |       |
|-----------------------------|--------------------------|-------|
| <b>Childminder</b>          | <input type="checkbox"/> | ..... |
| <b>Crèche</b>               | <input type="checkbox"/> | ..... |
| <b>Day Nursery</b>          | <input type="checkbox"/> | ..... |
| <b>Nursery School</b>       | <input type="checkbox"/> | ..... |
| <b>Parent Toddler group</b> | <input type="checkbox"/> | ..... |
| <b>Play group</b>           | <input type="checkbox"/> | ..... |
| <b>Other provision</b>      | <input type="checkbox"/> | ..... |



## Physical Health

Please state the kind of outdoor activities which are enjoyed by your child:

Does your child like to go outdoors e.g. to the park?

Is your child used to **walking** to the park/school?

Were there any difficulties in early childhood which might affect the child now?

Have there been any serious illnesses or periods of hospitalisation of which we should be aware?

Has your child had all their pre-school vaccinations?

Does your child have any allergies or special dietary requirements which we should be aware of?

Is your child right-handed or left-handed?

What time does your child usually go to bed?

Does your child have any problems waking up in the morning?

Does your child sleep in the afternoon?

Does your child regularly have breakfast in the morning?

Has there been any external involvement from the health services e.g. speech therapist / social services etc?

## Talking and Listening

What languages are spoken at home and understood by your child?

Is your child's speech clear enough to be understood by others?

Does your child listen attentively and can they ask questions?

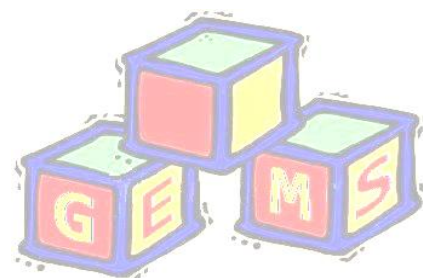
Does your child carry out instructions given to him/her?

What is his/her favourite book at the moment?

What Nursery rhymes or nasheeds does he/she know?

Does your child like to hold a book and listen to stories?

Do you visit the library with your child, if so how often?



## Consents

Hackney Learning Trust and London Borough of Hackney collect the information on the Early Years Pupil Premium Eligibility Checking Service form for eligibility checking, monitoring, analysis and data collection purposes. You will be registered with Little Gems Nursery and your information may be disclosed to other government agencies responsible for providing services under legislation relating to children. Personal information collected in this form will only be used for the purposes for which it has been provided. By signing the form it is understood you understand and consent to the purposes which the information may be used for.

Signature of parents/carer:

Date:

I give consent for my child to participate in local trips and outings that would help his/her learning and development.

I understand that the nursery will conduct a risk assessment and take the precautions needed to ensure that my child is safe at all times.

Signature of parents/carer:

Date:

I give consent to Little Gems Nursery to take photographs of my child for observations and evidence purposes.

Signature of parents/carer:

Date:

I agree to adhere to the nurseries policies at all times.

I will give at least one month notice if I decide to remove my child from the setting.

Where fees are applicable, I agree to pay them in advance at the start of each month.

Signature of parents/carer:

Date:

