

CHILD INFORMATION FOR NEW EARLY YEARS SETTING			Date :
<b>Child's Full Name:</b> <b>This is pronounced:</b>		<b>Date of birth:</b>	<b>Gender: Male/Female</b>
<b>Mother's name:</b> <b>This is pronounced:</b>		<b>Father's name:</b> <b>This is pronounced:</b>	
<b>Address:</b> <b>Phone number:</b> <b>Email address:</b>		<b>Address:</b> <b>Phone number:</b> <b>Email address:</b>	
<b>Siblings Name:</b>	<b>Pronounced:</b>	<b>Age:</b>	<b>Gender: Male/Female</b>
<b>Date of arrival in UK:</b>			<b>Religion:</b>
<b>Languages spoken in family:</b>		<b>Languages spoken by child:</b>	
<b>Preferred method of communication between home and early years setting:</b> phone /text /email/what's app <b>Interpreter required? Yes / No</b>			

**Has your child had any previous early years experience?:**

**Child's favourite toy:**

**What makes your child happy?**

**What makes your child sad?**

**Medical information:**

Does your child have any allergies e.g. food / plasters etc?

Does your child require any regular medicines? (please specify)

Does your child have special dietary? (please specify)

Does your child need a sleep during the day?

Does your child wear a nappy?

Is there anything else you would like to share about your child?

Form completed by (signature and role):.....

Parent signature: .....Interpreter signature (if applicable): .....

Date: .....