To make transition from home to our setting as smooth as possible, could you give us some information about the following areas:

Meal Times

Does your child feed themselves?

☐ Yes

☐ No

Does your child drink from a cup?

☐ Yes

☐ No, from a beaker with a lid

☐ No, from a bottle

Does your child use:

☐ Spoon and fork

☐ Knife and fork

What is their favourite foods?

………………………………………………..…………..

…………………………………………………………..

…………………………………………………………..

…………………………………………………………..

Please list any allergies or dislikes.

…………………………………………………………..

…………………………………………………..………

…………………………………………………………..

…………………………………………………………..

Sleep Times

Where does your child sleep?

☐ Cot   ☐ Bed

Do they have a nap in the day?

☐ Yes   ☐ No

If so, for how long?

……………………………………..…………………………

…………………………………………………………..

Does your child sleep in:

☐ A nappy

☐ Ordinary pants

What time do they go to sleep?

………………………………………………………….

Does your child use a dummy?

☐ Yes   ☐ No

☐ Only during the night.

Does your child have a comforter?

☐ Yes   ☐ No

Toilet Use

Is your child potty trained?

☐ Yes   ☐ No

☐ Currently potty training

If so do they use:

☐ Potty   ☐ Toilet

Does your child wear:

☐ Trainer pants

☐ Ordinary pants

Personal Hygiene

Can your child clean their own teeth?

☐ Yes

☐ No

Can your child put on their coat?

☐ Yes

☐ No

☐ With little support

Can your child put on their own shoes?

☐ Yes

☐ No

☐ With little support

Does your child dress/undress themselves?

☐ Yes

☐ No

☐ With little support
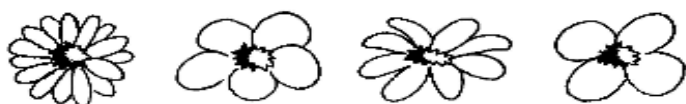
Does your child use the bathroom taps?

☐ Yes

☐ No

Play time

What are your child's favourite toys?

....

....

....

Speech and language

Does your child speak in:

☐ Words   ☐ Sentences

Childs' main language:

☐ Welsh   ☐ English

☐ Mixture

Does your child enjoy books?

☐ Yes   ☐ No

Do they have a favourite book?

☐ Yes   ☐ No

What is the name of the book?

....

....

Counting and numeracy

Does your child recognise any numbers?

☐ Yes   ☐ No

What number can they count to?

....

....

Does your child recognise any shapes (square, circle etc)?

☐ Yes   ☐ No

What shapes can they name?

....

....

Does your child recognise any colours?

☐ Yes   ☐ No

What colours can they name?

....

....

Creative time

Has your child experienced any messy or art-type activities?

☐ Yes ☐ No

Can your child use a scissors?

☐ Yes ☐ No

☐ Yes, with a little support.

Can your child use a glue stick?

☐ Yes ☐ No

Does your child enjoy nursery rhymes and music?
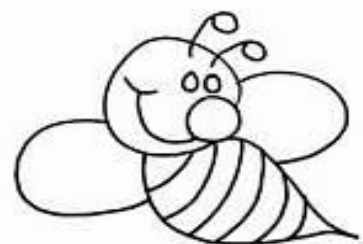
☐ Yes ☐ No

What are their favourite songs?

....

....

....

....

....

Updated Medical Information?

....

....

....

....

....

Parent information?

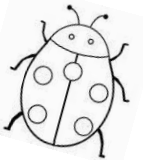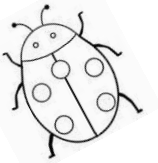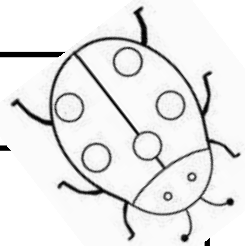Please use this section to tell us any other information about your child.

Child Record Book

Working in partnership with parents

Please put a picture of
your child in here

Child Name: