

Trinity Hall Kindergarten.



Child's full name:	
Start Date:	
Preferred name (If Different):	
Child's Date of birth:	
<u>Parent 1</u> Name, occupation and relationship to child:	
<u>Parent 2</u> Name occupation and relationship to child:	
Languages spoken at home and by who:	
Names of family members and other significant people close to your child: (siblings/position in family)	
Does the child attend any other setting/Childminder? If so, please provide details:	
Any previous experience of being cared for outside the home or by carers other than parents / principal carers?	

Is there any other information you would like to know about Trinity Hall Kindergarten and what your child will be doing here?	
Do you have any concerns or worries about anything?	

All about me (child's point of view)

My family includes (please include pets):	
I am interested in, I am good at, I enjoy :	I need support with:
Health & Development. Does your child have any health problems, Allergies, or food Intolerance?	
My favourite activity is:	My favourite toy is:
I get upset when:	
I like it when:	

All about my child: (parents' point of view)

<p>Does your child have any particular play interests at the moment, or particular toys they like to play with?</p>	<p>Do you think your child's communication and language development is proceeding well?</p>
<p>Is your child used to being with other children and do they enjoy this?</p>	<p>How do they respond to situations and people who are new to them?</p>
<p>Is your child able to use the toilet independently? Does he/she have a special work, any attempts of toilet training?</p>	
<p>If you have a garden, or when you go to the park, what does your child like to do?</p>	<p>Do you feel their physical development is what you would expect for their age?</p>
<p>What do you expect your child will like about our nursery?</p>	<p>Does your child have any particular fears, worries or dislikes we should know about?</p>
<p>Is there any other information you would like us to know in order to help your child settle and be happy?</p>	

<p>Name of person completing document:</p>
<p>Date:</p>