All About Me

This form helps us get to know your child before they start nursery. The more we know, the better we can support them to feel safe, happy and settled.

Please complete as much as you can and return to nursery. Thank you.

My name is:

My date of birth is:

Who lives at home with me?

Do I have any pets?



What language(s) are spoken at home?

Things that make me happy are...

Please include, toys, books, songs/nursery rhymes, activities, tv programmes etc.



Things that make me sad are...

Please include things your child doesn't enjoy, what might upset them etc.



How to comfort me...

What helps your child when they are sad; dummy, comforter, cuddles, quiet space, music etc.



My sleep routine is...

What time does your child usually sleep? How do they go to sleep? How long do they usually sleep?



Food and drink…

Please include your child's favourite and least favourite foods, if they can feed themselves, anything else we need to know.



Toileting…

Please include if your child currently wears nappies or pull ups/is toilet training/is fully toilet trained, how your child will let us know if they need the toilet, if they are using the toilet independently etc.



Communication…

How does your child let you know what they want? What words do they use regularly? Do they speak more than one language?



Health…

Does your child have any allergies or intolerances? Do they have any medical conditions?



My learning…

What is your child interested in at the moment? What are they good at? Is there anything you are worried about or think your child may need support with?



What is important to my family…

Please include any traditions, celebrations, languages or cultural practices you would like us to include at nursery.



Anything else you need to know about me…



Immunisations

Please complete the following immunisation table informing us of any vaccines that your child has received.

Age required	Vaccination	Has your child received this vaccination?	If yes, date received
8 weeks	6 in 1 – 1st dose RV (Rotavirus) Men B – 1st dose		
12 weeks	6 in 1 – 2nd dose PCV (Pneumococcal) – 1st dose RV (Rotavirus) – 2nd dose		
16 weeks	6 in 1 – 3rd dose Men B – 2nd dose		
12 months	Hib/Men C – given as a single jab containing vaccines against meningitis C (1st dose) and Hib (4th dose) MMR PCV (Pneumococcal) – 2nd dose Men B – 3rd dose		
Any other vaccinations that your child has received (name and date):			

For more information regarding children's immunisations, please use the flowing link:
https://www.nhs.uk/start4life/baby/vaccinations-and-immunisations-baby/

Progress Check at Age Two

Has your child had their progress check with their Health Visitor?

If they have, please can you bring in their red book so we can take a copy of the Health Visitor's feedback.

Thank you 😊