

## Starting Points and Additional Information for Babies



This information will be used to help staff members get to know your child and their abilities, to ensure we are supporting your religion or faith and to be able to talk day to day with your child about their home life.

<b>Child's Name:</b>	<b>DOB:</b>	<b>Ethnicity:</b>
<b>First Language:</b>	<b>Other languages spoken:</b>	<b>Festivals celebrated:</b>
<b>Other settings attended:</b>	<b>Any additional support required:</b>	<b>Main people in their life:</b>
<b>Siblings:</b>	<b>Pets:</b>	<b>Family birthdays:</b>

What size nappy does your child currently wear?	
Is your child able to use cutlery to feed themselves?	
Does your child have any specific words they use instead of the normal word for items?	
Does your child have a comforter?	

How would you like us to put your child to sleep?	
Does your child drink water from a cup or bottle?	
Does your child have formula or cow's milk during the day, if so how much and when? Is this cold or to be warmed?	
Does your child have any allergies?	
Does your child have any food preferences or religious food requirements?	
Does your child have any regular medications or medical conditions?	
Is your child able to have sudocream applied if staff members believe it to be necessary?	
Can staff members apply sensitive factor 50 sun cream to your child?	
Does your child require their food to be blended, if so please state the consistency? For example, completely smooth, slightly textured, small lumps, lumpy.	

Can your child have finger foods?	
Please provide us with details of your child's language and ability to communicate.	
Does your child attend any other setting or childminder? If so please provide us with the details.	
Your child's daily routine.	
Additional information you feel would be useful to the nursery, such as your child's likes and dislikes etc.	

**If any important information changes, please inform the nursery as soon as possible so we are able to amend our records.**

Signature:	
Name:	Date: