

Poulton St Chad's Nursery



All About Me

Name of Child:

Age of Child:

All About Me completed on

Second Stay and Play Session booked for

Planned Start Date

Name of Practitioner Completing

Name of Parent / Carer Completing

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All About Me

My full name is

I like to be called

My birthday is

My position in my family is (i.e., youngest or oldest brother or sister)

Who lives in my house?

Have you any pets?

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All About Me

My Personal Interests

I am interested in:

I am really good at:

I like support with:

My favourite activity is:

My favourite toy is:

My favourite story/rhyme is:

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All About Me

My personal thoughts starting at our setting.

I get upset when

I will worry about:

I will feel better if:

I am looking forward to:

I like it when:

Toilet/ Nappy requirements:

Bottle / Feeding requirements:

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All About Me

Languages spoken at home:

Dietary requirements / Food Allergy:

If yes please complete the care plan

Does your child have any medical conditions or any additional needs:

If yes please complete the care plan

Does your child receive support from outside agencies? Y/N

_____ (Please add name and contact details)

What does your child like to do outdoors:

What other setting(s) has your child attended or does attend:

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All About Me

All About Me Completed Y/N

Care Plan Completed Y/N

Copy of Policies to be emailed Y/N

Email address:

Code of Conduct Signed Y/N

Funding Form Signed Y/N (if child is to receive funding)

Two year old form copied Y/N

Birth Certificate copied Y/N

Terms and Conditions signed Y/N

Signed by Parent / Carer

Date: _____ Signed: _____

Signed by Practitioner

Date: _____ Signed: _____