

Baby Starting Questionnaire

To enable us to welcome your child into the nursery with things that are familiar to him/her please complete the following questionnaire. It is also very important that if there are any changes to the following information that you make us aware immediately.

Child's Name		Date of Birth	
Parents Name(s)	1.	2.	
How would you like to be addressed by the nursery team	1.	2.	
<p>From April 2015, children who access the Free Entitlement for 3 and 4 year olds, and who meet certain eligibility criteria could be eligible for the Early Years Pupil Premium (EYPP). Eligibility guidelines for the EYPP.</p>			
Do you think you meet these eligibility criteria?		<input type="checkbox"/> Y <input type="checkbox"/> N	
Are you or your family known to Social Services? Or any other social or health professionals? e.g. paediatrician, social services, speech therapist etc		<input type="checkbox"/> Y <input type="checkbox"/> N	
If Y, please detail.			

Starting at the Nursery

1	How do you feel about your child starting Nursery?	
2	Is this the first time you have left your child with anyone except family members?	
<p><i>Note: If your child has been in a Nursery or with a nanny or childminder, please have their reports, paperwork and any Learning Journey information ready at your home visit or first pre-visit.</i></p>		

Family Information

3	Please give us the names of the people who live in your household, and their relationship to your child. For any people under 16, please provide their age.	
4	Are there any significant others in your child's life e.g. grandparents, aunts and uncles, pets?	
5	Is the child adopted, or looked after by the local council?	<input type="checkbox"/> Y <input type="checkbox"/> N
6	Is there an injunction regarding an adult not having access to the child? If yes please provide a name.	<input type="checkbox"/> Y <input type="checkbox"/> N
<p><i>Note: We will make your child their own family book at Nursery, please help us by collecting pictures of family members and pets.</i></p>		
7	Do you use any other form of childcare (formal or informal)? If so, please provide their full contact details.	
7a	How does your child react when they are left with familiar people?	
7b	How does your child greet you when you have been away?	
8	Do you speak another language at home?	<input type="checkbox"/> Y <input type="checkbox"/> N
8a	If yes, what is it?	
8b	In the home environment, is English used predominantly, as a second language or are both languages spoken equally?	<input type="checkbox"/> English Predominance <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Bilingual /Trilingual Household
8c	We know that some families want us to try and embrace their home language at Nursery, whilst others would only like English used once they are settled. Where would you say your preference lay?	
	Use home language as much as possible at Nursery <input type="checkbox"/>	Use both home language and English <input type="checkbox"/>
	Once my child has settled, use English only please. <input type="checkbox"/>	



<p>Please help us by translating these key words and add any other common words we haven't listed. <i>(It is very important to help us with these words even if, over time, you only want us to talk in English to your child).</i></p>							
8d	Cold		Tired		Hungry		Thirsty
	Poorly		Not		Nappy		Toilet
	Breakfast		Lunch		Snack		Tea
	Mummy		Daddy		Grandmother		Grandfather
	Happy		Sad		Garden		
9	Do you play any musical instruments or have any interesting hobbies?						
9a	Would you be prepared to play or demonstrate your hobby at the Nursery?					<input type="checkbox"/> Y <input type="checkbox"/> N	
10	What is your profession?						
10a	Would you be prepared to come in and talk about your profession, or undertake an activity with the children e.g. read a story, be involved in music time or go on a trip?					<input type="checkbox"/> Y <input type="checkbox"/> N	

Your Child - Food and Drink

11	Do you breast or bottle feed?	<input type="checkbox"/> Breast <input type="checkbox"/> Bottle	
11a	If you use formula, which brand do you use?		
11b	If you bottle feed, is there a particular brand of bottle and/or teat/size which your baby prefers?		
11c	How many bottles do you offer your child; Please provide timings and amounts?	Time	Amount Given
11d	If you breast feed, do you plan to come in or express?	<input type="checkbox"/> Come in <input type="checkbox"/> Express	
11e	If you plan to express, will you be providing fresh or frozen breast milk?	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen	
12	Has your child weaned onto solid food?	<input type="checkbox"/> Y <input type="checkbox"/> N	
12a	If so, what are your child's favourite foods?		
12b	And least favourite foods?		
12c	How does your child let you know they are hungry?		
12d	How does your child let you know they want more?		
13	Do you plan to give your child breakfast at home every morning, before you come in?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
14	Do you plan to give your child supper every evening, when you get home?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
15	What consistency is your child's food? <i>i.e. pureed, mashed, chopped</i>		
16	Is your child able to feed themselves? <i>E.g. finger food, baby-led weaning.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	
16a	How independent is your child with feeding?		



17	Can your child use a beaker, cup or bottle to drink?	
17a	How does your child let you know they are thirsty?	

Your Child - Routine and Emotional Wellbeing

18	Does your child have a comforter?	<input type="checkbox"/> Y <input type="checkbox"/> N		
18a	If yes, what is this and how do you incorporate it?			
19	If your child has been cared for outside of the home, please tell us about what helped them to settle.			
20	What stories and lullabies do you sing your child at home?			
21	Does your child sleep in the day?	<input type="checkbox"/> Y <input type="checkbox"/> N		
21a	If yes, please indicate the times and duration of your child's routine			
	Sleep from	Sleep until	Minimum time	Maximum time
21b	Would you prefer your child to sleep in a pram outdoors (with weather appropriate bedding) or a coracle indoors? For information on the benefits of outdoor sleeping, please click here/ see our factsheet attached.	<input type="checkbox"/> Pram - Outdoors <input type="checkbox"/> Coracle - Indoors		
21c	If you ticked 'pram outdoors' please tick the times of year you are happy for this to take place.	<input type="checkbox"/> All Year <input type="checkbox"/> Spring only <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Summer only <input type="checkbox"/> Spring/Summer/Autumn		
21d	Does your child sleep with sheets, blankets or a sleeping bag?			
22	How does your child let you know they are tired?			
23	Would you prefer we use baby wipes or cotton wool and water?	<input type="checkbox"/> Baby Wipes <input type="checkbox"/> Cotton Wool & Water		
24	Is your child prone to nappy rash?	<input type="checkbox"/> Y <input type="checkbox"/> N		
24a	If yes, how do you manage this at home?			
25	Do you have a routine that you follow? <i>If yes, please describe using a separate sheet</i>	<input type="checkbox"/> Y <input type="checkbox"/> N		
26	What does your child get upset about?			
26a	When your child becomes upset, are there any particular things, words or routines that you find are particularly helpful?			



27	<p>Please describe your child's character to us</p> <p>E.g. they are very inquisitive/ need lots of encouragement, how they may respond to new people. This information will help their Key Person build a relationship with them.</p>	
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Your Child - Development and Developmental Milestones

	<p>Did you baby have any complications at birth? E.g. Natural Birth? Premature?</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:
28	<p>Please provide an approximate age (in months), when your child: <i>(if your child has not yet achieved a particular milestone yet, please mark as N/A)</i></p>		
	Sat without support		
	Started to take a few steps without holding on		
	Began saying 'mama' and 'dada' and exclamations like 'uh-oh'		
	If you child has started walking, did they crawl beforehand?	<input type="checkbox"/> Y <input type="checkbox"/> N	
28a	<p>Has your child had their 9 Month Review? (This is a check completed by the health visitor team between 9 months and your child's first birthday)</p>	<input type="checkbox"/> Y <input type="checkbox"/> N	<p>If Y, please attach a copy of the report.</p>

How Does Your Child Like to Learn?

29	<p>What does your child particularly enjoy doing? Or playing with? (Times when they really hold their attention and concentrate on what they are doing)</p>	
	<p>If your child choses, what do they want to play with?</p>	
	<p>What kind of activities does your child show that they are really concentrating? And show that they are enjoying what they set out to do?</p>	
	<p>Are there anything things your child struggles with or doesn't enjoy doing? Or playing with?</p>	



Over to You

30	It is important for us to know what you are passionate about and what is “non-negotiable”. Please let us know if there are some aspects of the above that you want “come what may” or if there is anything you would like help to change?	
31	How do you think your child will settle – what will they like about the Nursery? Please share any thoughts or ideas of how we can help your child to settle.	
32	Do you have any questions before you start?	
33	Do you have any questions that we can answer when we first meet?	
34	Is there anything else that you would like to add?	
35	When you first start, would you prefer to see your Key Person when dropping off <u>OR</u> picking up?	<input type="checkbox"/> Drop Off <input type="checkbox"/> Pick Up
36	Do you think you will have a regular pattern or time that you will drop your child off at nursery? If yes, please let us know what time this is.	
37	When you first start, what is your preferred method of communication with us?	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> In Person
Parent's Signature:		Parent's Name:
		Date:



For Office Use Only: Notes/actions

	Actioned/Communicated
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Document Read by:	Tick:	Name:	Signature:	Date:
Nursery Manager	<input type="checkbox"/>			
Key Person	<input type="checkbox"/>			
Room Leader	<input type="checkbox"/>			