

## ADMISSIONS FORM

Please spend some time filling in this form, with, or on behalf of your child, giving as much information as possible, to ensure we start with a good knowledge of what things make them unique. This contribution from you:



- Celebrates your child's learning journey so far
- Values you as your child's prime educator
- Acts as a starting point for Early Years Practitioners in our setting to begin to make a contribution to your child's learning and development

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My family members (include all the people who live at home, from oldest to youngest, any special names your child has for them and their relationship to your child. Include pets): \_\_\_\_\_

---

---

---

---

---

Other people/friends who are important to me (include special names they have for these people and who they like to spend time with): \_\_\_\_\_

---

---

---

---

---

My favourite events/celebrations are (birthday, Christmas, religious festivals etc): \_\_\_\_\_

---

---

---

---

---

My favourite things at the moment are (include favourite games/toys/stories/activities in and out of the home like swimming, toddler groups, gym etc): \_\_\_\_\_

---

---

---

---

---

I don't like: \_\_\_\_\_

---

---

---

---

---

At home I speak (include all languages spoken at home and/or any other language your child can speak): \_\_\_\_\_

---

---

---

---

---

My routines (include special toys, books, comforters, home routines that might be used to help settle them into Nursery initially): \_\_\_\_\_

---

---

---

---

---

My Personality (sociable, shy, nervous etc): \_\_\_\_\_

---

---

---

---

---

Language and communication (special words for things, speech and language difficulties, limited vocabulary, rich vocabulary): \_\_\_\_\_

---

---

---

---

---

Physical development (include whether your child is in nappies, potty training, dry, able to go to toilet independently, sleeps during the day etc): \_\_\_\_\_

---

---

---

---

---

Things I am looking forward to at Nursery:

---

---

---

---

---

Health issues:

---

---

---

---

---

Any other requirements/concerns/information you would like us to know:

---

---

---

---

---

I can (please fill in/tick any of the following things your child can do already):

Dress/undress myself

Zip/unzip my own coat

Put on my own shoes

Tell someone when I need the toilet

Go to the toilet by myself

Wash my hands by myself

Feed myself

Count to-

Recognise the following colours:

Recognise the following shapes:

Sing along to nursery rhymes

Write my name

Follow simple instructions

Climb

Walk downstairs independently

Jump off things and land appropriately

Complete a simple computer program

Make-believe by pretending

Show care and concern for living things

Talk about something to a small group of children

I understand that this profile will be the start of my child's learning journey and I am happy for this information to be shared with other people in their care and education.

Signed \_\_\_\_\_

Date \_\_\_\_\_