



Personal Profile Form

Your child's keyworker is

(Please complete all relevant sections and return to Nursery)

Child's full name

Name known as (if applicable)

Date of Birth Date of Entry

Position in family (eg 3rd of 4 / youngest of 2)

Names and ages of siblings

Who lives in the family home?

First language spoken at home

Additional language(s) spoken

What is the main religion within the family?

What festivals are celebrated at home? (eg easter, divali)

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Does any of the extended family live nearby?

Do you have any pets?

Does anyone else care for your child? (eg childminder, day nursery)

Has your child attended a Parent/Toddler group?

Names of any other groups or regular activity attended

Particular likes

Particular dislikes

Food allergies/special dietary requirements

Is there a medical reason why your child cannot drink milk? (YES / NO)

Medical conditions/concerns

Has your child had any traumatic experiences? (eg hospital stay)

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Favourite toy/comforter

Any other information

If you have any other information which you feel would be helpful to us when settling your child into Nursery, please use the space provided below.

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Signed (parent/carer)

Date

Signed (on behalf of Rose Street Nursery)

Date