



My Profile

My Name is

Who is important to me?

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Do you have any pets?

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.....

Do you play anywhere else? (Childminder's, Toddler group, Play group)

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Have you got a special comfort or cuddly toy, and will you be bringing it to nursery?

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Do you need a little sleep during the day? And where is your favourite place to sleep?

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<p>What do you like to play with?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Is there anything special that you would like to share with us?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Parents/Guardians
signature:.....
Date:.....

Welcome to the Ladybird Room

This is a form which we ask you to complete as much as you can, in order that we have as much understanding about your child for when they begin Nursery. By having as much knowledge as you are able to tell us, this will help your child to settle smoothly into Nursery. Which is so important the individual child?

Does your child have formula milk?	Yes	No
Does your child have breast milk		
Does your child have cow's milk?		
What would you prefer your child to drink?	Milk/ Water/ Juice	
Do you sterilise your children's eating utensils?	Yes	No
Does your child drink boiled water?		
Does your child drink normal drinking water ?	Yes	No
Have you introduced cow's milk in cooked foods e.g. cheese sauces?	Yes	No
Have you introduce egg to your child?	Yes	No
Have you introduced meat to your child?	Yes	No
Have you introduced fish to your child?	Yes	No
Does your child eat finger foods? <i>If yes, please list which foods you have introduced:</i>	Yes	No
Are your Childs solids- pureed, slightly lumpy, mashed or chopped?		
Is there anything your child has reacted to in foods, medicines, creams etc? <i>If yes please provide details below:</i>	Yes	No
Are you using wet wipes with your child <i>If no, what do you use?</i>		

Parents Signature Date:.....

My Routine

Please complete this daily time table in order to inform us of your Childs daily routine. We appreciate that your child may not be in complete routine at the moment; however we would like to make sure that we replicate the home environment as much as possible.

This is in order for your child to be happy and enjoy their time at Nursery as much as possible.

8:00am	
8:30am	
9:00am	
9:30am	
10:00am	
10:30am	
11:00am	
11:30am	
12:00pm	
12:30pm	
1:00pm	
1:30pm	
2:00pm	
2:30pm	
3:00pm	
3:30pm	
4:00pm	
4:30pm	
5:00pm	
5:30pm	

Please include the times which your child has their feeds and then we can accommodate their individual needs. Thank you.

Parent Signature:..... Date:.....

Transition Documentation form Ladybird room to Hedgehog Room

Your key person will fill this in:

Have you got any allergies?	Yes/No
.....	
I enjoy my sleep like this:	
.....	
Do you have a nappy on when you go to bed?	Yes/No
.....	
Do you have a comforter?	Yes/ No
.....	
Have you started using the potty or toilet?	Yes/ No
.....	
I enjoy drinking:	
.....	
Any other information:	
.....	

<p>Things I like:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Things I don't like:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What helps me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>What doesn't help me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What people like and admire about me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>What to do when I:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Your parent/ guardians will fill this in:

My aspirations and goals for Hedgehog Room:

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Signature of present Key Person:

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Signature of new Key Person:

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Parent comment and signature:

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Date completed:

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**Transition Documentation form Hedgehog room to
Little Squirrels Room**

Your key person will fill this in:

Have you got any allergies?	Yes/No
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I enjoy my sleep like this:	
.....	
Do you have a nappy on when you go to bed?	Yes/No
.....	
Do you have a comforter?	Yes/ No
.....	
Have you started using the potty or toilet?	Yes/ No
.....	
I enjoy drinking:	
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Any other information:	
.....	

<p>Things I like:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Things I don't like:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What helps me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>What doesn't help me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What people like and admire about me:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>What to do when I:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Your parent/ guardians will fill this in:

My aspirations and goals for Little Squirrels Room:

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Signature of present Key Person:

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Signature of new Key Person:

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Parent comment and signature:

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Date completed:

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Transition Document from Little Squirrel room to Big Squirrel Room

Your key person will fill this in:

My interests are:	
I like to play with and my friends are:	
My preferred drink is:	
My scissor control is: <i>Very good –Good –Need Assistance- Use two hands</i>	
My preferred hand is: <i>Left- Right- Undecided</i>	
My use of cutlery id: <i>Very Good- Good-Need Assistance</i>	
Are you confident in using the toilet?	Yes/No
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Have you got any allergies?	Yes/No
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Do you have any sleep or quiet time?	Yes/No
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Do you have a comforter?	Yes/ No
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Things I like:
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Things I don't like:
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What helps me:
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What doesn't help me:
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What people like and admire about me:
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What to do when I:
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Your parent/ guardians will fill this in:

My aspirations and goals for Big Squirrels Room:

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Signature of present Key Person:

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Signature of new Key Person:

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Parent comment and signature:

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Date completed:

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