Early Years Questionnaire

Please return to school by Friday 10th June

1. What is your child’s name?

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1. What is your child’s date of birth? …………………………………………………………………………………….
2. Who lives at home with your child? ………………………………………………………………………………….

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1. Is your child toilet trained? Yes / No
2. How does your child let you know he/she needs to use the toilet?

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1. Does your child have any food allergies? …………………………………………………………………………

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1. Does your child have any other allergies? (e.g medicine, hay fever, plasters)

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1. Does your child have any medical needs? ……………………………………………………………………..

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1. Is your child taking any medication? Please list ……………………………………………………………

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1. Who will be picking your child up from Nursery? Please include their relationship to your child.

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1. Does your child have any fears? ……………………………………………………………………………………….

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1. Does your child attend any other settings? (e.g wrap around service)

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1. Who is your child’s health visitor? ……………………………………………………………………………………
2. Do we have your permission to discuss your child with your health visitor? Yes/ No
3. Do you have any concerns about your child? (e.g eye sight, speech, hearing, playing with others)

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1. Is your child used to leaving you? Yes/ No
2. Is there anything else you feel we need to know about your child or anything else you would like to add?

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