



Introducing ourselves



Child's name:

Date of birth:

NHS number:

Contact address for every parent and/or carer known to the provider and information of any other person who has responsibility for the child:

Name of Parent/Carer 1)

Address.....

Home Telephone number

Mobile Email

Emergency contact

Other relevant information.....

Name of Parent/Carer 2)

Address.....

Home Telephone number

Mobile Email

Emergency contact

Other relevant information.....

Details in case of an Emergency

In the event of an emergency and parent 1 or 2 is not contactable please provide an alternative named emergency contact person:

Other Named Emergency contact

Address.....

Home Telephone number

Mobile Email

Our family doctor is;

Address:

Telephone number:

Health Visitor is:

Address:

Telephone Number

.....

Here is a list of people working with our family

Name:

Professional role:

Address:

Telephone or mobile:

Nature of contact:

Name:

Professional role:

Address:

Telephone or mobile:

Nature of contact:

Name:

Professional role:

Address:

Telephone or mobile:

Nature of contact:

Should I be aware of any other information such as CAF.....

.....

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Which parent/Carer does the child normally live with

.....

Child's position in the family

The language we use at home is;

Our cultural background / religion is

We will require language interpretation support YES NO....

My child attends these other childcare settings.....

.....

Key Persons name is:.....

Contact details:.....

The School we think our child will attend is.....

The School our child attends is.....

Teacher Name & Class

Our preferred means of communication is



telephone



mobile



email



Verbal chat

Please indicate which you prefer

The best times for our family are

Telephone:

Mobile phone:

Email:.....

Face to Face chat:
.....

Other things we would like you to know about our family

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These are some of the important people in’s life

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Things likes

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Things doesn't like

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Here is a plan of my child's week











Day:	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Meeting my child's needs

Chat Wheel Sharing Sheet (1)

Child's Name

Date;

	<p>Bedtime / naptime Where I like to sleep? My resting and comfort routines etc. Other related information for key persons</p>	
	<p>My Favourite toys and playthings. Special names for special things. Favourite pastimes and interests Things I like to do at home</p>	
	<p>Places I like to go to People I like to visit Where I like to play Things I like to do</p>	
	<p>All about my animal friends – belonging to me or to people I know</p>	
	<p>Who lives in my house? My family and other people who are important to me</p>	
	<p>My special friends Children I like being with What we enjoy doing together</p>	
	<p>Things that make me sad. My fears and anxieties. How others will know when I am unhappy. How you can help me to feel secure and happy</p>	
	<p>Foods I like. Special treats Foods I don't like Foods that make me unwell</p>	
	<p>Toileting update. Special routines. Special words I use and/or can understand Hygiene information, nappy changing etc</p>	
	<p>What makes me special? Other key info e.g. health. Why the people that care for me love me very much. Ways in which you can get to know me better</p>	

Places I have been On my Learning Journey

Name of EYFS provider & Key Person				
Address;				
Day Nursery	Pre-school / playgroup	Childminder	Nursery class / school	
My session starts at			My session finishes at	
Monday	Tuesday	Wednesday	Thursday	Friday
Date I started;			Date I transferred;	
I am moving to a new / further setting because;				

Name of EYFS provider & Key Person				
Address;				
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