**Nursery Questionnaire**

**Child’s Name:**

**Age and DOB:**

**Allergies:**

**Medical Conditions:**

**Is your child independent with toileting?**

**Is their first language English? Do they speak any other languages?**

**Name of family members/close carers:**

**Do they have any previous experience of attending Nurseries/childcare?**

**What are their interests?**

**How well and often does your child play with other children?**

**How does your child respond to new people/situations?**

**Is there any information you would like to tell us to help settle your child into the Nursery? E.g. comforts if they are upset**

**Password for collection if someone different is picking up:**