



New Starter Information – Confidential

Name know as (if applicable).....

Date of Birth

Start date.....

Sessions.....Keyworker.....

Family background

Siblings.....

Who has parental responsibility for the child ?.....

Who does the child normally live with?.....

Is there anyone who the child is not to have contact with?

Medical history or special needs

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Ethnicity of the child, any cultural or religious requirements.....

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Home language.....

Dietary requirements (including drink)

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Is your child in nappies/pull-ups? Are they toilet training at present? Or are they fully independent with toileting?

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Settling in arrangements

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Other settings attended/ attending currently?.....

School/Nursery place expected?