

SMILES MONTESSORI PRE-SCHOOL

New Start Questionnaire 0-2 years

Name:

Preferred Name:

Parent/Carer's first names (and surnames if different from child's)

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My family includes (including pets)

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.....

Date of Birth:

Date of entry:

Age on entry in months:

Please can you give us a brief overview of your child's daily routine.

Wake up time

What your child does during the morning

Snack and meal times.....

Nap times

What your child does in the afternoon.....

Bed time.....

Is there any issues that you are having regarding your child's routine e.g. bed time?

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First Language:

Additional Languages:

EAL programme set up for child y/n

What kind of property do you live in? (House, flat, bungalow)

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What type of experiences has your child had?

Going to the beach y/n

Visiting a duck pond y/n

Flying on an aeroplane y/n

Going swimming y/n

Visiting the woods or forest y/n

playing with messy play i.e. shaving

Visiting the park y/n

foam, beans etc y/n

Visiting a farm or zoo y/n

Travelling on a train y/n

Travelling on a bus y/n

Please detail below any other experiences you have had with your child that we could use to enhance their learning.

How has COVID-19 affected your child and your family.

I.E.- Routines, Socialising, Screen time.

Does your child attend any extra curricular activities outside of nursery?

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What types of toys does your child play with inside and outside?

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Characterises of effective learning:

The characteristics of effective learning are a key element in the early year's foundation stage. They detail the ways in which children should be learning from their environment, experiences and activities. Children up to the age of five should all be displaying the characteristics of effective learning every day.

Below please enter if parents are seeing these different types of learning at home.

Playing and Exploring	Observed behaviors at home
Finding out and exploring: Is the child interested in exploring the world using their senses? Does the child show curiosity in the environment and world around them?	

Playing with what they know: Are experiences from their life reflected in their learning/play? Do they represent in their play (talking on the phone)	
Being willing to 'have a go': Are they willing to have a go at new experiences and challenges? Finding their own interest, initiating activities, take risks?	

Active learning	
Being involved and concentrating: Do they show sustained focus in their learning and play? Do they show high levels of fascination? Pay attention to details?	
Keeping on trying: Do they persist when things become difficult? Do they enjoy the whole process?	
Enjoying what they set out to do: Do they show pride and satisfaction are proud of their accomplishments, not just the end result enjoy meeting challenges for their own sake rather than for rewards or praise.	
Creating and thinking critically	
Thinking, having their own ideas: Are they innovative in their learning/play and have their own ideas? Think of new ways to do things?	
Making links: Do they make links in their learning and play? I.E. if I cry I will get attention Choosing ways to do things. Do they plan, review, and adapt their learning/Play? Solve a problem to achieve a goal. Think things through before moving forward.	

Has your child ever had a convulsion Y/N

Emergency procedures needed?

Yes

No

Have you or your child ever had involvement with the social care team before? Y/N

Details.....
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.....

Your child may be considered as a 'vulnerable child' please tick if your child fits into one of the categories listed below. If your child fits into any of the headings a 'Vulnerable child plan' will need to be put in place.

A child who is being looked after by their local authority. A child living with foster parents. A child at home with their parents under the supervision of social services or in a residential children's home.

A child with disabilities

A child with a 'Child in need plan' from the local Social care team

Has your child had their 1 year check Y/N?

Has there been any concerns raised from the 1 year check? Please specify

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Has your child visited the dentist before?

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Is your child up to date on the relevant immunisations for their age? Y/N

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Please estimate how long your child spends in front of a screen each day?.....

Please estimate how long you spend with your child reading/looking at books each day.....

A brief overview of the milestones your child may have met (Age dependent):

Milestone	Yes/No	Comment
Sitting up independently		
Walking independently		
Drinking cows milk		
Weaning		
Recognises familiar carer		
Drinking from a beaker/open top cup		
Goes to sleep independently (without being rocked or cuddled)		
Feeding themselves with utensils		
Responds to their name being called		

Only having one sleep per day		
Has cut out all day time bottles		
Separates from comfort object for longer periods.		

Words, sounds or gestures I like to use:

Use	Means
I get upset when:	I like it when:
Some of my interests are:	I need support with:
I am good at:	My favourite story and songs are?

My favourite activity is:	My favourite toy is:
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I use a bottle

I use a doidy cup

I can use a beaker

I can use an open cup

I have my milk feed at (times)..... and I like my milk to be (temp).....

Cows milk/ formula If formula please specify:

If formula how many oz/mls?

Bottle teat size:

Water/juice:

Does your child have cooled boiled water?

Do you still sterilise?

I have not started weaning

I have started weaning

I am fully weaned

I like my food to be: smooth pureed with no lumps

Pureed and a little lumpy cut into bite sizes

I like help with my food

I like to try and feed myself

I can feed myself

permissions

Permission for walks:

Permission for photo's to be taken:

Permission for photos to be used on our closed Facebook page.....

I give permission for Smiles practitioners to apply Bonjela when required.....

Permission to help care for nursery pets.....

Which methods of discipline do you use at home?.....
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My changing/ toilet routine is:

(Please specify your child's stage in development with regards to toilet needs (i.e. nappies, toilet training, uses potty/toilet, part toilet trained, fully toilet trained)

What size nappy does your child require at present?

I give permission for Smiles practitioners to apply Sudocream when required:

Signed.....Parent/Carer

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Religious or cultural practices:

As we are in inclusive setting, we would like to celebrate any meaningful celebrations that are relevant to your culture. Therefore, please let us know any celebrations that are important to you and your family so that we can celebrate them with you. Can you please let us have the dates together with a brief outline:

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What do you want your child to gain from attending Smiles?

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Who will be dropping off and picking up from nursery?

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Early Years Pupil Premium

From April 2015 nurseries will be able to claim extra funding through the Early Years Pupil Premium to support children's development, learning and care.

The Early Years Pupil Premium provides an extra 53 pence per hour for 3 and 4 year olds whose parents are in receipt of certain benefits or who have been in care or adopted from care. We can use this extra funding to improve the quality of the early year's education we provide for your child.

If you are in receipt of any of the benefits listed below and believe you are eligible for the EYPP please ensure that you complete the EYPP Form which will be given to you with your Parent Declaration funding Form.

- Income support
- Income based Jobseekers Allowance
- Income related Employment and Support Allowance

- Support under Part VI of the Immigration and Asylum Act 1999
- The guaranteed element of the State Pension Credit
- Child Tax Credit (provided you are not entitled to working Tax Credit and have an annual gross income of £16,190.
- Working Tax Credit run-on which is paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

Thank you for taking the time to complete this questionnaire. The information that you have provided us with will be discussed further during your child's settling in session prior to your child's first day with us.

Parent Questions:

Ask parents for their email and phone number to go onto Online learning journal. Explain why

Please check that parents have access to the internet Y/N

Please Identify Parents confidence levels using the internet 1,2,3,4,5 (1-not confident- 5 Very confident)

Does the parent need guidance for online safety Y/N

Does the parent need guidance regarding Screen time (1 hour or more a day?)

Discussion with Parents/Carers

Talked through Online journal and given password?

Door time?

How we communicate Closed Facebook page/emails and Online Journal

Spare bag

Explain what will happen on their child's first day

Key person

Signed Parent/Carer..... Date.....

Signed Practitioner..... Date.....