



### New Starters Questionnaire

Please complete this questionnaire and return it to your child's teacher.

<b>Child's name</b>	
<b>Date of Birth &amp; Age on entry</b>	
<b>Position in the family</b>	
<b>Are there any family dynamics we need to be aware of?</b>	
<b>Does your child celebrate any religious/cultural celebrations?</b>	
<b>Does your child speak or understand any other languages?</b>	
<b>Name of doctor</b>	
<b>Names of other professionals involved with your child, e.g. health visitor, paediatrician</b>	
<b>Can we use plasters on your child?</b>	
<b>Has your child attended any other nurseries or playgroups before? If so, which?</b>	
<b>Will your child be attending any other nurseries alongside ours? If so, which?</b>	
<b>Is your child toilet trained?</b>	
<b>Do you have any concerns about your child's speech?</b>	
<b>Has your child had any referrals for speech or hearing problems? If so, which professionals have they seen?</b>	
<b>Is your child able to dress and undress independently?</b>	



<b>We take lots of photographs for display, booklets, the school web site etc. are you happy for your child to be included?</b>	
<b>Is your child looking forward to starting nursery?</b>	
<b>What do they like to play with at home?</b>	
<b>Do they enjoy stories? Which are their favourites?</b>	
<b>Does your child know any other children in our nursery or children who are due to start?</b>	
<b>What is your child's favourite song or nursery rhyme?</b>	
<b>Does your child know how to share?</b>	
<b>Does your child like to play outside?</b>	
<b>How is best to comfort your child when upset? E.g. story, singing, comfort from a member of staff</b>	

**Is there anything we may need to know about your child?**



**Nursery Safeguarding Form**

Please complete and return the below form, detailing who is authorised to drop your child off at and collect your child from nursery. This could include parents, grandparents, child minders, other nurseries etc.

If, once the form has been returned, you wish to add or delete anybody from the list then please inform a member of nursery staff.

Your child cannot be released into the care of any person not named on this form. You will also be asked to sign your child in and out of nursery each session.

Thank you,

Nursery Staff.

**Child's name:**

<b>Name:</b>	<b>Relationship to child:</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_





### Nursery Medical Form

Please provide us with any medical information that we may need to know about in order to keep your child safe and happy at nursery.

Thank you,

Nursery Staff.

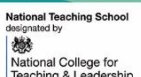
**Child's name:**

**Does your child have any allergies?**

**Does your child suffer from any medical conditions, including asthma, eczema etc?**

**In nursery we have a snack each day. We also do baking and food tasting and have parties for special occasions such as Christmas. Please provide information of any ingredients or foods that we should not give your child.**

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_





**Appendix 1- Supporting your child/young person with Intimate Care.**

*When supporting your child with intimate care, staff will use the correct terminology in line with schools PSHE policy.*

What additional information would help us meet your child's individual needs?

For example:

- What are the physical needs of the child/young person?
- What are the emotional needs of the child/young person?
- What are the preferred strategies for the child/young person?

**Child's Name and DOB:**

Arrangements to be made	In place Yes/No	Notes

**Please circle accordingly:**

**I do / do not** give permission for staff within EYFS to provide intimate care.

**Date:**

**Signed:**

**Name:**

**Relationship to child:**



JUNCTION FARM PRIMARY SCHOOL

Dear Parent/Carer

**THE NATIONAL SCHOOL FRUIT SCHEME**

You may have heard about the Government’s School Fruit Scheme and Vegetable Scheme. Under the scheme, each child (3 to 6 years old) in LEA maintained schools will be entitled to receive a free piece of fruit or vegetable each school day. Scientists agree that everybody, including children, can reduce their risk of heart disease and cancer by eating at least 5 portions of fruit and vegetables every day. On average, children in the UK currently eat only 2 portions a day.

I am delighted that our school has been participating in this scheme, which reinforces our commitment to healthy eating. I do not expect the scheme to disrupt the normal school day in any way.

The aim is for the children to have a positive and enjoyable experience of fruit. Your child will be offered a free piece of fruit each day and the Scheme will help us to teach them the benefits of healthy eating.

The scheme is voluntary, and although there is no obligation for your child to take part, I hope you will share my belief that it has benefits. It is a great way to help us teach our children the benefits of healthy eating

**It is essential that you complete the slip below and return it as soon as possible or your child will not be included in the scheme.**

Also inform us of any allergies your child may have, so that we can ensure they are not given anything which will harm them.

If you have any questions, please contact the School Fruit Co-ordinator, Mr Stephen Ferens.

Kind regards

Mrs.L.Daley  
Headteacher

.....

Name of child ..... Class .....

I am willing for my child to receive the free fruit/veg

I do not wish my child to receive the free fruit/veg

My child suffers from:

.....

and/or must not eat:-.....

.....

Signed ..... Date .....

