

Old Oak Early Years Education Centre



Imperial College
London

Old Oak Early Years Educational Centre

All about me

My name is:

Gender:

D.O.B:

Ethnicity:

What languages am I speaking or are spoken to me:

My Mummy is called:

My Daddy is called:

My Carer/Guardian is called:

My siblings are called:

What allergies, dietary requirements, medical or additional needs or disability do I have?

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What makes me happy?

What are my favourite things to play with?

What do I dislike?

What will comfort me?

Are there any things that make me scared?

How I do communicate?

What foods do I like or dislike?

My routine at home is:

Play times:

Meal times:

Breast Fed:

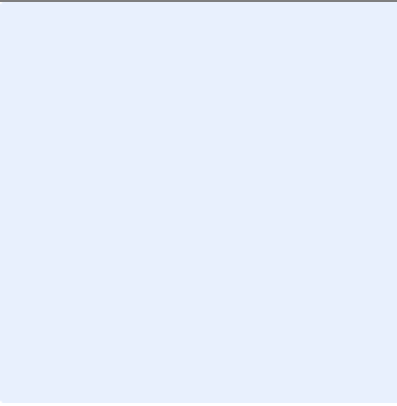
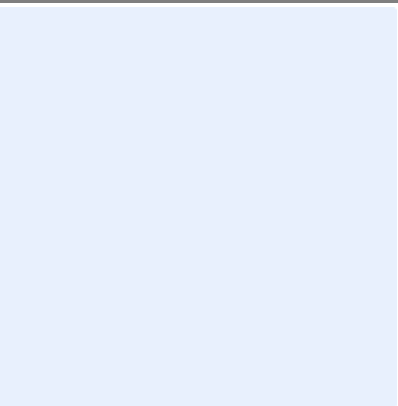
Sleep:

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Updated Parent/Guardian information.

Please provide current photos.

Date updated: _____

	Parent 1	Parent 2
Surname		
Forename(s)		
Relationship to Child		
Photograph		
Address		
Home Telephone		
Work Telephone		
Mobile		
Email address		

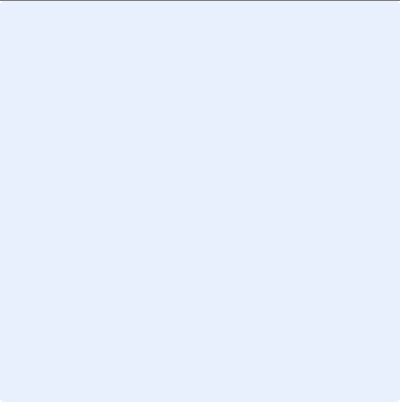
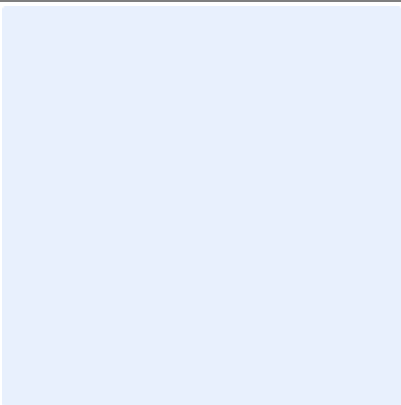
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Updated information on persons authorised to collect the Child (if relevant)

Please provide current photos.

A password will be provided for you if someone other than the named persons below collect your child.

Date updated: _____

Additional	Person 1	Person 2
Surname		
Forename(s)		
Relationship to Child		
Photograph		
Address		
Home Telephone		
Work Telephone		
Mobile		
Email address		

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Any alternative emergency
Name/Number/contact:

Any alternative emergency
Name/Number/contact:

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If your child does or did attend another centre/nursery please give the full name and address and the days /hours/attending:

Please state what Borough your home address is in:

Additional Information

Please add any information to this sheet that you feel is relevant