



## Little Foresters Crèche Registration Form

Course Attending

Today's Date:

Child's name:

Boy / Girl

Date of Birth:

Parent / Carer's Name:

Address:

Telephone/Mobile number:

Religion/Culture:

Language used at home:

Relevant information: (diet, allergies, disability, health etc)

Health Visitor/GP:

Telephone number:

**Emergency Contact:**

In the event you are unable to collect your child, please give the name of one person who has your permission to collect your child:

Name:

Relationship to child:

Address:

Telephone/Mobile Number:

I give permission for my child to attend the crèche for a maximum of two hours. In case of an emergency, I give consent for any first aid treatment to be administered. **Yes / No**

Sight:

Hearing:

Speech:

Allergies

Any other health information:

***Self Help:***

I can put on my coat **Yes/No** I can use the toilet without help **Yes/No**  
I can dress myself **Yes/No** I can help mum to tidy up my toys **Yes/No**

***Social and Emotional:***

I attend ..... Playgroup  
I like to play with other children **Yes/No** I prefer to play alone **Yes/No**

I like to talk to:

I am curious about:

I am happy when:

I am sad when:

My favourite toy is:

My favourite food is:

***Language:***

I can speak clearly in sentences: **Yes/No**

I prefer to use only single words: **Yes/No**

I am still learning to say:

I can ask questions such as:

My favourite nursery rhyme is:

My favourite story is:

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I like to look at books: **Yes/No**

***Physical:***

I can run and jump: **Yes/No**

I can pedal a tricycle: **Yes/No**

I can kick a large ball: **Yes/No**

I can draw: **Yes/No**

I can use scissors: **Yes/No**

I can build a tower with bricks: **Yes/No**

My favourite game at home is:

I prefer to use my Right/Left hand:

***Mathematical:***

I can recognize some colours such as:

My favourite colour is:

I can count up to: