

Sandford Playgroup Family Data Sheet

Due to the sensitive nature of some of the contents entered herein, this record is purely for the playgroup leader,(or the deputy in his/her absence) to assess the best course of educational requirements for your child.

Has your child received and is he/she up to date with their immunisations? Please tick all that apply:

- | | | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 2,3 & 4 months | 1 st , 2 nd & 3 rd Diptheria, Tetanus,
Whooping Cough, Haemaphilus
Influenza (hib), Polio, Meningitis C. | |
| 12 – 18 months | 1 st MMR (Measles, Mumps & Rubella)
(if your child has not had the combined
vaccine, please list dates of when each
vaccine was given). | |
| | Measles: | |
| | Rubella:..... | |
| | Mumps: | |
| 3 – 5 years | Booster for Diptheria, Tetanus,
Whooping Cough and Polio.
Booster for Measles, Mumps & Rubella. |
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Has your child undergone a stressful emotional experience? (This might be moving house, family separation, loss of a relative, death of a pet etc)

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What activity does your child enjoy doing with you?

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Does your child have a favourite pastime?

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Do you or your child require any help at all with any special educational needs that you would like to tell me about?

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Is there anything we need to know with regards to your child's toilet routine?

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Do you give permission for any necessary medical treatment to be administered in an emergency?

Yes/No.....

Name of Doctor.....

Telephone Number of Doctor.....

Does your child attend any other setting?

Yes/No.....

Setting name and Contact details.....

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If necessary are you happy for us to share your child's information with the school, health visitors and any other Multi Agency Support. Parent/Carer information will also be passed to DCC for funding purposes.

Yes/No.....

Occasionally the setting requires the additional help of a parent helper. Each term you will be given a rota with the day you have been allocated (this will always be a day when your child is attending). If you have any queries regarding this please feel free to speak to a member of staff.

Would you like your child to receive free milk with their morning snack?

Yes/No.....

Are you happy for your telephone number to be given to other parents ?

Yes/No.....

Name of Child.....

Signature of parent/carers.....Date.....