St Paul's EYFS Information Sheet 2025

Please complete this confidential form, to enable us to take all relevant factors into account when planning the best possible experiences for your child. Thank you.

Child's name……
Date of birth……
Name of person completing this form……
Relationship to the child……
Contact Telephone number……
(This must be available to contact for taster sessions)

My Family and Me
I like to be called:
The languages I hear and speak at home are:
I communicate best by:
These people live in my house:
My experience of being away from my familyis:
My experience of playing and sharing with othersis:
The Pre-School / Nursery I attend is:
Special people in my life:
My family and I celebrate:
Important events in my life:

Interests and Preferences
Things that excite me and make me happy:
My favourite books, songs and rhymes:
My favourite toys:
Things I like doing outside:
Things that comfort me:
I show I am happy by:

Food and Drink
Will your child drink milk at snack times?
What size food does your child eat? (Do they need it cutting up smaller than average?)
Does your child feed themselves with cutlery?
Is your child used to sitting on a chair to eat a meal?
Does your child have any dietary preferences? Eg. Vegetarian, vegan.
Are there any foods your child can not eat due to religious / cultural reasons?
Does your child drink through a straw?

Health and Development
Was your child born premature? If 'yes' when?
Does your child have any allergies?
If yes what medication does your child need? DO THEY HAVE AN EPI PEN?
Has your child ever had a hearing test? If 'yes' when and what was the outcome?
Has your child ever had their eyes tested? If 'yes' when and what was the outcome?
Does your child have regular contact with any health professionals? Eg Speech and Language therapist, ENT.
Do you have any concerns about your child's development?
Has your child ever needed to stay in hospital?
How does your child respond to new people or situations?
What does your child need help with?
Did your child have a two year check? Y / N
Toileting Routines
Does your child need help to use the toilet?
Please complete the intimate care plan