

Seashell Pre-School  
Induction Information

Child's Name \_\_\_\_\_

Date of Birth / /

Date of Entry / /

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent's (and anyone else with parental responsibility) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who will collect your child from our setting? (Name all people) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What language do you speak at home? \_\_\_\_\_

\_\_\_\_\_

Who are the special people in your child's life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any brothers or sisters? How old are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child know any other children at our setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What activities does your child like doing? (e.g. activities & interests, favourite pets, toys, games, etc) \_\_\_\_\_

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What makes your child happy when he/she is sad? \_\_\_\_\_

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Is there anything that your child dislikes or is afraid of? \_\_\_\_\_

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Does your child have a comforter? \_\_\_\_\_

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Is there anything that you would like to share about your child's behaviour? \_\_\_\_\_

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What do you do when your child gets angry or frustrated? \_\_\_\_\_

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Moods & Feelings please let us know how your child shows their emotions (e.g. such as happiness, sadness, anger, excitement, frustration, love affection). \_\_\_\_\_

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How does your child communicate their needs by gestures, pointing, speech? (e.g. does your child talk a lot, do they understand what you say, At what age did your child start to use spoken language)

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What support does your child need with personal care, dressing themselves? How well established are they their toilet routines and hand washing?\_\_\_\_\_

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Does your child have any medical needs? (Include details of medication) Yes/No

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Let us know about your child's health and habits (e.g. does your child sleep well, favourite foods & drinks)\_\_\_\_\_

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Please tell us about your child's development (e.g. what age did they start to crawl, sit, walk, eating solids, feed themselves, use a beaker, etc)\_\_\_\_\_

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Does your child receive support from any agencies/professionals? (e.g. speech & language therapist, physiotherapist, social worker, etc)\_\_\_\_\_

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Would you be willing to let us have copies of their reports?      Yes/No

If you share a book with your child, what does your child do? Do they have any favourite books, songs, rhymes? \_\_\_\_\_

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If you give your child a crayon, what does your child do? (e.g. do they like colouring, scribbling, chalking, putting it in their mouth) \_\_\_\_\_

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What does your child like to explore and investigate? \_\_\_\_\_

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Please share any important events in your family life (e.g. important celebrations, festivals, events that you share as a family). \_\_\_\_\_

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Parent's signature \_\_\_\_\_

Staff signatures \_\_\_\_\_

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Date    /    /