



Child's Care Plan

Child's name:

Date of birth:

Please complete the following care plan so we are aware of all of your child's needs and personal preferences:

Is your child in a nappy?	Yes	No
If yes what size nappies does your child wear?		
Is your child potty training?	Yes	No
Is your child already potty trained?	Yes	No

Does your child have any allergies or special dietary requirements?	Yes	No
If yes please list below:		

Does your child have any treatment for the allergy?	Yes	No
Please state:		

What are the signs and symptoms of your child's allergy?

Is your child on any long term medication? Yes No
Please state medication and reason:

Is your child able to use a knife and fork independently? Yes No
Do they need their food cut up? Yes No

Does your child have a comforter? Yes No
Please state:
What are your child's current interests? E.g. cars, trains, animals

Does your child currently have a nap during the day? Yes No
If yes please state how long they usually sleep for:

Does your child speak an additional language? Yes No
If so are there any words that we could use with your child in the setting? Please write the words below in English and the language you are writing about:

Is there anything else you would like us to know about your child?