# Global Kids Early Years Profile

## **Initial Visit Pack**



Name:

D.O.B:

Key person(s): Start date:

### **Getting to Know Your Family and History**

Name of child:	Gender: M/F	Name child likes to be called:	
Emergency tel. No 1:	Emergency tel. No 2	: Emergency tel. No 3:	
D ( C1 : d	D. (	C 1 · · · / //	
Date of birth:	Date of admission to setting:		
Current age:	Age on admission to setting:		
1st Parent/Guardian Name	& relationship: 2nd	d Parent/Guardian Name & relationship	
	r	r	
Who does the child norma	lly live with?		
who does the child horma	my nive with!		
Position in the family:	To	tal number of children:	
Languages spoken at home			
Can your child speak any	other languages:		
Can your child understand	any other language b	ut not speak it:	
Ethnicity:		Religion:	
•		-	
Please tell us a little about	the birth:		
Birth weight:		Full Term/weeks	
-	lanmant haan sinaa th		
How has your child's deve	nopment been since tr	en?	
Any concerns, e.g. vision/	hearing?		
, 2, 1.6.	5		

#### The Child

Medical conditions past or current:
SEN Status
Allergies:
Medicines:
Dietary Requirements:
Persons authorised to bring and collect your child and relationship:
Any other agencies involved in your child's life, e.g. Speech therapist etc.
Translation requirements: (Include special words or phrases which comfort your child)
Feeding requirements: (e.g. bottle type, formula, amount, frequency. Times etc) if applicable
Weaning stage: (Please detail type of foods tried and consistency)  Please note: It is in your Childs best interest to update your key person of any changes to this as soon as possible

In case of an emergency do you give permission for Global Kids Day Care Ltd to seek medical assistance for your child in your absence yes no
Signature:
We like to take photos of your child for displays and record keeping, please sign to allow us to do so yes no
Signature:
We like to take photos of your child for the nursery Website and for promotional use of the nursery, please sign to allow us to do so yes no
Signature:
We take the children out in small groups into the local environment, please sign to allow us to do so  Yes no
Signature:

# NB. This document meets the statutory requirements of the Early Years Foundation Stage The Child

Names of close people to your child:	What does your child like to do?
Has your child got a favourite book?	Are any of your child's siblings in this setting?
Does your child enjoy books and stories?	Has your child got a favourite toy?
What do you enjoy doing together?	What stage of toilet training is your child at?
	How does your child ask for the toilet?

Has your child been cared for by anyone other than you or attended other provision? If so, which one, how often did s/he attend, how did settling go?	Does your child enjoy doing things for him/herself? e.g. dressing, washing hands after the toilet, feeding him/herself	Is your child frightened of anything?  What reassurance does your child like?
Is your child happy to play away from you?	What things upset your child?	
How should we comfort your	child, e.g. cuddle, sit on lap etc?	?

#### The Child

The Child	
Does your child enjoy physical activity such a climbing etc?	ns moving to music, running, jumping,
Does your child have a sense of danger and know their limitations?	Can you easily understand what your child needs?
	Tell us some of the ways your child expresses him/herself

Will your child spend time on things s/he enjoys?	
Does your child have a special comforter?  Does it have a name?	How would you describe your child's behaviour in general?
Is there anything else that's important in your child's life?	Tell us about your child's routine including sleeping patterns

### **Child's Weekly Schedule**

It is helpful to have an idea of your child's regular routine times, for instance: Days your child comes to the setting with a childminder Days your child stays with another family member Days you will be able to collect your child yourself etc.

	Morning	Afternoon	Evening/night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Is there anything else you would like to tell us?
Appendix A
Home/Nursery Agreement for the intimate care of
<ul> <li>The parent will</li> <li>Change their child at the latest possible time before being brought to nursery.</li> <li>Provide the nursery with spare nappies, cream, wipes and a change of clothing.</li> <li>Agree to the procedures that will be followed when their child is changed – including the use of any cleanser or the application of any cream</li> <li>Inform the nursery staff should the child have any marks/rash</li> <li>Agree to a 'minimum change' policy i.e. the nursery staff would not undertake to change the child more frequently than if s/he was at home.</li> <li>Agree to review arrangements should this be necessary.</li> </ul>
<ul> <li>Global Kids Day Care will</li> <li>Change the child during every single session should the child soil themselves or become uncomfortable or wet</li> <li>Agree how often the child should be changed if staying all day</li> <li>Monitor the number of times the child is changed in order to identify progress made</li> <li>Report if the child is distressed, or if marks/rashes are seen</li> <li>Review arrangements should this be necessary</li> <li>Try to use the same person in changing the child's nappy</li> </ul>
Staff Always wash hands thoroughly before and after changing a nappy: Using the bowl provided and throwing the water down the toilet after use.
wear protective disposable gloves
Always use disposable nappies to reduce the risk of cross infection
Place the soiled nappy in the nappy bin provided
wipe the changing mat down after each change if in use using the sanitizer
Never leave a child unattended on a changing mat
At all times the Practitioner should inform other members of the team what they are doing and the nappy change should be recorded
be careful to stand in the correct position when lifting a child
Signature of parent/carer

Signature on behalf of Global Kids Day Care \_\_\_\_\_