Cedar Grove

DAY NURSERY

03 / GETTING READY TO START

# All About Me

My routines, interests and little ways

CARE • LEARN • GROW

# Getting to know me

Complete with your child where possible, then share with your key person before the first nursery day.

Complete this booklet after your place is confirmed and the applicable registration fee has been paid. It helps us understand your child's everyday life. Medical records, allergies, required diets, contacts and permissions belong in Registration. Do not repeat them here; tell management promptly about changes. A funded-only place does not require a registration fee.

Child's full name

Application / booking reference

## My home and important people

Who lives in my household, their relationship to me and what I call them

Other important family members, friends or pets; what I call them

☐ We have uploaded photographs of important family members through Famly to help with settling-in, or will discuss this with the key person.

What I enjoy doing with my family

Traditions, celebrations or family experiences I would like you to know about (optional)

# How I communicate

Share the words, gestures and expressions that help adults understand me.

Child's name: _____ Reference: _____

Languages I hear at home and the languages I use or understand

| Word, sound, sign or gesture | What it means / how you can respond |
|---|---|
| | |
| | |
| | |
| | |
| | |

How I show that I need help, want more or have had enough

How I like adults to talk, listen or play with me

# Feeling safe and settling in

Small familiar details help us build a trusting relationship.

Child's name: _____ Reference: _____

What comforts me when I am upset or tired

How I usually respond to new people or places

What helps at goodbye time and when routines change

Things I find difficult, and what helps me feel calm

Comfort object I may bring (label with my name)

# Sleep and rest

Tell us the current routine. We will discuss nursery rest arrangements with you.

Child's name: _____ Reference: _____

Usual sleep / nap times and approximate length

How I show I am tired

My settling routine: words, songs, comforters and adult support

How I usually wake up and what helps afterwards

Other everyday rest habits you would like to discuss

Any medical sleep instructions belong in Registration and the agreed healthcare plan. The nursery follows its safe sleep procedures.

# Nappies, toileting and independence

Use the parts that apply to your child. There is no expectation to have reached a particular stage.

Child's name: _____ Reference: _____

At the moment I use

☐ Nappies ☐ Pull-ups ☐ Potty / toilet learning ☐ Toilet

Nappy / pull-up brand and size, if used

Words or signs I use for the toilet

My usual changing / toileting routine and the help I need

How I show I need to go; what helps me feel comfortable

Things I can do myself: washing hands, dressing, shoes or tidying

Permission for creams and any medical toileting needs are recorded in Registration. This page is for everyday routines only.

# Eating and drinking routines

Food preferences and skills go here; required diets and allergies are held in Registration.

Child's name: _____ Reference: _____

Has your child started weaning?

☐ Yes ☐ No ☐ Not applicable

Milk feeding currently used (tick all that apply)

☐ Breastfeeding / expressed milk ☐ Formula ☐ Alternative milk ☐ Other

Foods / textures I currently manage

☐ Milk only ☐ Smooth / pureed ☐ Lumpy / chopped ☐ Family food

I drink from

☐ Bottle ☐ Beaker ☐ Open cup

At meals I usually use (tick all that apply)

☐ Adult help ☐ Hands ☐ Spoon ☐ Fork ☐ Other

Milk / feeds: type or brand, usual times and quantities, and how I am supported

Foods I enjoy, textures I manage and unfamiliar foods I am learning to try

Mealtime cues, preferred utensils and help that works well for me

Check milk and food arrangements with the nursery against the dietary record before starting. Do not record an allergy solely in this booklet.

# Play, interests and discoveries

Tell us what captures my attention and what I enjoy exploring.

Child's name: _____ Reference: _____

Favourite toys, games, books, songs and activities

Things I enjoy outdoors or when moving and exploring

What I am proud of or learning to do

How I like to play with other children or familiar adults

Something new I would like to try at nursery

# Our settling-in conversation

Complete together with your key person. This is a picture of your child now and can be updated as they grow.

Child's name: _____ Reference: _____

What matters most to our family as we start nursery

Agreed settling-in steps and helpful routines to try

Parent / carer name

Date discussed

Key person

Room

☐ We have discussed this booklet and the everyday information is accurate to the best of our knowledge.

Parent / carer signature

Key person signature

**Nursery use only**

Key person review / date

Room leader review / date

☐ The key person and room leader have reviewed this booklet and recorded any action needed.

Relevant information has been shared where necessary with

☐ Manager ☐ Chef / kitchen team ☐ Neither required

Shared by / date

Settling-in review date

Medical records, allergies, required diets and care plans are checked through Registration. This confirms that everyday information has reached the staff who need it.



# Cedar Grove

DAY NURSERY

## We’re here to help.

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Monday to Friday | 7:30am–6:30pm

Please return completed booklets securely to management.