



WEST HILL PARK

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LITTLE GRIFFINS  
WEST HILL PARK SCHOOL

# Early Years Foundation Stage Child Profile

**Please complete the enclosed forms and return them to the Early Years Office as soon as possible.**

**Thank you**

### INFORMATION FORM

<b>Full Name of Child</b>		<b>DOB</b>	
<b>Home Address</b>		<b>Postcode</b>	
<b>Nationality</b>		<b>Religion</b>	

<b>Ethnicity of child</b>  <i>Please circle one</i>	<b>White British / White Irish / Any other White background ..... / Black or Black British Caribbean / African / Any other Black background ..... / Indian / Pakistani / Bangladeshi / Any other Asian background ..... / Mixed White and Black Caribbean / Mixed White and Black African / Mixed White and Asian / Any other Mixed background ..... / Chinese / Any other ethnic background .....</b>
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<b>Parent/Guardian 1</b>		<b>Parent/Guardian 2</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	

<b>Occupation</b>		<b>Occupation</b>	
<b>Contact Telephone Number 1</b>		<b>Contact Telephone Number 1</b>	
<b>Contact Telephone Number 2</b>		<b>Contact Telephone Number 2</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>Do you have parental responsibility for your child?</b>		<b>Do you have parental responsibility for your child?</b>	

<b>Additional Emergency Contact Numbers and relationship to above</b>	
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**Are there any court orders or legally binding notices in force concerning your child?  
Yes/no (please circle)**

**If yes please give details:**

**Additional  
Information**

**Parent/Guardian  
Signature**

**Data Protection Information from this form will be processed in accordance with the General Data Protection Regulation 2018. By ticking here \_ you expressly consent to this data being held and processed by West Hill Park School, in accordance with the Act. Our privacy policy is available from our website [www.westhillpark.com](http://www.westhillpark.com)**

Has your child attended any of the following: (*circle all that apply*)

- a. Day Care Setting YES/NO
- b. Mother/Toddler Groups YES/NO
- c. Childminder YES/NO
- d. Playgroup YES/NO
- e. Pre-School YES/NO Name & Full Address of Most Recent setting or School Attended:

Post Code:

Tel No:

Age on Entry to setting:

No. of Sessions Per Week:

Did your Child settle easily into the setting? YES/NO If NO please give details:

**Please enclose a report on your child's progress from their previous setting/school, if possible.**

#### FAMILY BACKGROUND

Does your child have brothers and/or sisters? YES/NO Please provide the names and ages of their siblings:

Are any special names given to members of your family (e.g. grandparents)? (*Please provide details*)

If English the NOT the first language used within the household please provide details for:

- a. Child:
- b. Parents:

Is English spoken within the home? YES/NO

#### PHYSICAL DEVELOPMENT

Did your child have any birth problems (e.g. premature):

At what age did your child first: Walk? Talk?

Does your child wear glasses? YES/NO

Does your child have any hearing difficulties? YES/NO

If YES, please give details and enclose copies of reports:

Is anyone in your family dyslexic? YES/NO If YES, who:

Does your child have any problems with speech or sounds? YES/NO Has he/she attended a Speech Clinic? YES/NO If YES, please give details and enclose copies of reports:

### CHILD DEVELOPMENT INFORMATION

<b>Please do not feel your child should be able to achieve everything listed here. All children develop at different rates.</b>			Comments
Does your child relate well to other children?	Yes	No	
Does your child play alongside other children, rather than with other children?	Yes	No	
Does your child play with other children in games?	Yes	No	
Does your child relate well to familiar adults?	Yes	No	
Does your child play independently or require adult involvement? Independent play Adult support in play	Yes Yes	No No	
Does your child separate easily from Mummy and Daddy?	Yes	No	
Is your child generally talkative when in familiar situations?	Yes	No	
Is your child generally reluctant to talk when in familiar situations?	Yes	No	
Does your child need help feeding themselves?	Yes	No	
Does your child drink from an open cup?	Yes	No	
Does your child feed themselves lunch using a knife /fork/spoon?	Yes	No	
Does your child enjoy fruit as a snack?	Yes	No	
Does your child sit on a chair at the table for their meal?	Yes	No	
Is your child toilet trained?	Yes	No	
Is your child able to wash and dry their hands independently?	Yes	No	
Is your child able to wipe their own nose?	Yes	No	
Does your child use two-to-three-word sentences yet?	Yes	No	
Can they identify hair, eyes, ears and nose and mouth by pointing?	Yes	No	
Can they say the names of familiar toys?	Yes	No	
Does your child like to imitate his/her parents in role play situations?	Yes	No	
Does your child enjoy sharing books?	Yes	No	
Does your child talk about books shared after a period of time?	Yes	No	

When sharing books does your child turn 2-3 pages at a time?	Yes	No	
When sharing books does your child turn one page at a time?	Yes	No	
Can your child build a tower of four blocks?	Yes	No	
Does your child enjoy messy activities – sand/water/dough/painting?	Yes	No	
Does your child enjoy mark making? (Early writing and drawing)	Yes	No	
Does your child hold a pencil with their thumb and forefinger instead of fist?	Yes	No	
Has your child had experience using scissors to snip/cut paper?	Yes	No	
Can your child walk and run unaided? (delete as appropriate)	Yes	No	
Can your child climb unaided on stairs? (including climbing frame)	Yes	No	
Can your child kick a ball?	Yes	No	
Does your child enjoy playing on push along garden toys?	Yes	No	
Can your child pedal a tricycle?	Yes	No	
Does your child enjoy music and movement activities?	Yes	No	
Does your child enjoy threading activities?	Yes	No	
Does your child have experience of swimming as a family?	Yes	No	
Is your child happy to be splashed when swimming?	Yes	No	
Is your child confident to stand under a shower?	Yes	No	
Is your child able to carry a small backpack independently?	Yes	No	
Can your child undress him/herself?	Yes	No	
Can your child dress him/herself?	Yes	No	
Can your child put on his/her own shoes?	Yes	No	
Can your child put on his/her own Wellington boots?	Yes	No	
Can your child put on his/her own coat?	Yes	No	
Can your child put on his/her own coat, with a little help?	Yes	No	
Will your child ask to go to the toilet?	Yes	No	
Can your child cope with changes in his/her daily routine?	Yes	No	
Can your child repeat common rhymes?	Yes	No	

Does your child have any pets at home?	Yes	No	
Does your child use a dummy or comfort toys?	Yes	No	
Does your child use special words for important things i.e. toilet?	Yes	No	
Does your child have a good appetite?	Yes	No	

Please list some of your child's favourite vegetables :	Please list some of your child's favourite fruits :

Please list some of your child's favourite lunch time foods:



Please provide any information in confidence that you feel will help your child to settle into the Early Years Centre

Under the Statutory Framework for the Early Years Foundation Stage it is a regulatory requirement that schools provide parents with the following policies:

- Admissions Policy
- Equal Opportunities Policy
- Safeguarding Children and Child Protection Policy
- Play Policy
- Early Years Foundation Stage Policy
- Intruder Policy
- Behaviour management Policy
- Off-site Activities Policy

The Complaints Procedure is available on request. These policies are contained within the West Hill Park Early Years Information Handbook for Parents. Prior to your child starting in the Early Years Centre you will receive an electronic copy of this handbook.

It is a further regulatory requirement that parents sign to confirm that they have received an electronic copy of the handbook and have read the above policies. Could I therefore request that you sign and return the form below.

✂.....✂.....✂.....

## Early Years Foundation Stage Policies

I have received a West Hill Park Early Years Parent Handbook electronically and have read the following policies:

Admissions Policy, Equal Opportunities Policy, Safeguarding Children and Child Protection Policy, Play Policy, Early Years Foundation Stage Policy, Intruder Policy, Behaviour management Policy, Off-site Activities Policy

Name:..... Signature:.....

Date:.....

## ADDITIONAL INFORMATION

1. A range of festivals are explored and celebrated using stories and art activities.  
 **For religious reasons, I do not want my child to participate.**  
 **I am happy for my child to participate.**  
(please tick as appropriate)
2. Please state if you would like the Early Years to celebrate a particular religious festival
3. **I give**  **do not give**  permission for my child to take part in food tasting activities, while at school, as part of the planned curriculum. (please tick as appropriate)
4. **I give**  **do not give**  permission to collate photographs and observations for my child's Learning Journey on Tapestry.
5. **I give**  **do not give**  permission for my child's Learning Journey to be shared with the next educator when that time comes.
6. **I give**  **do not give**  permission for my child's unnamed photographs to be shared on the **school** social media platforms, such as Facebook or Instagram
7. **I give**  **do not give**  permission for the staff of West Hill Park Early Years to apply sun cream to my child.
8. If my child's own sun cream is not available, the Early Years staff **may**  **may not apply**  Early Years sun cream.
9. I hereby give consent for the information above to be held on file in compliance of the Data Protection Act 1998.

Parent/Carer/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Office Use Only

Date received:

Date put onto PASS:

Signature: