



## PARENT QUESTIONNAIRE

Child's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Does your child have a different name that they are known by? (For example, Zach rather than Zachary?) \_\_\_\_\_

Child's Position in Family: \_\_\_\_\_  
(E.g. Only child, first of 2, second of 2)

Number of people in your household and who they are e.g. Mum, stepfather, sister, brother, grandma: \_\_\_\_\_  
\_\_\_\_\_

What current care provision does your child have?

- Nursery - please state which one: \_\_\_\_\_
- Childminder - please state which one: \_\_\_\_\_
- At home

Please select one of the options below for your child:

- Right handed       Left handed       No preference

Is your child toilet trained?

- Yes  
 No

First language of child: \_\_\_\_\_

- Parents: Please tick if you require assistance in understanding/reading any paperwork/communications provided by the school or other organisations

Other languages your child speaks/understands/hears: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

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Cultural links (religion, family from other countries, festivals celebrated, etc)

Do you consider your child to have a disability?

The definition of having a disability under the Equality Act 2010 is if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Yes - (please use box underneath if you would like to provide further information)

No

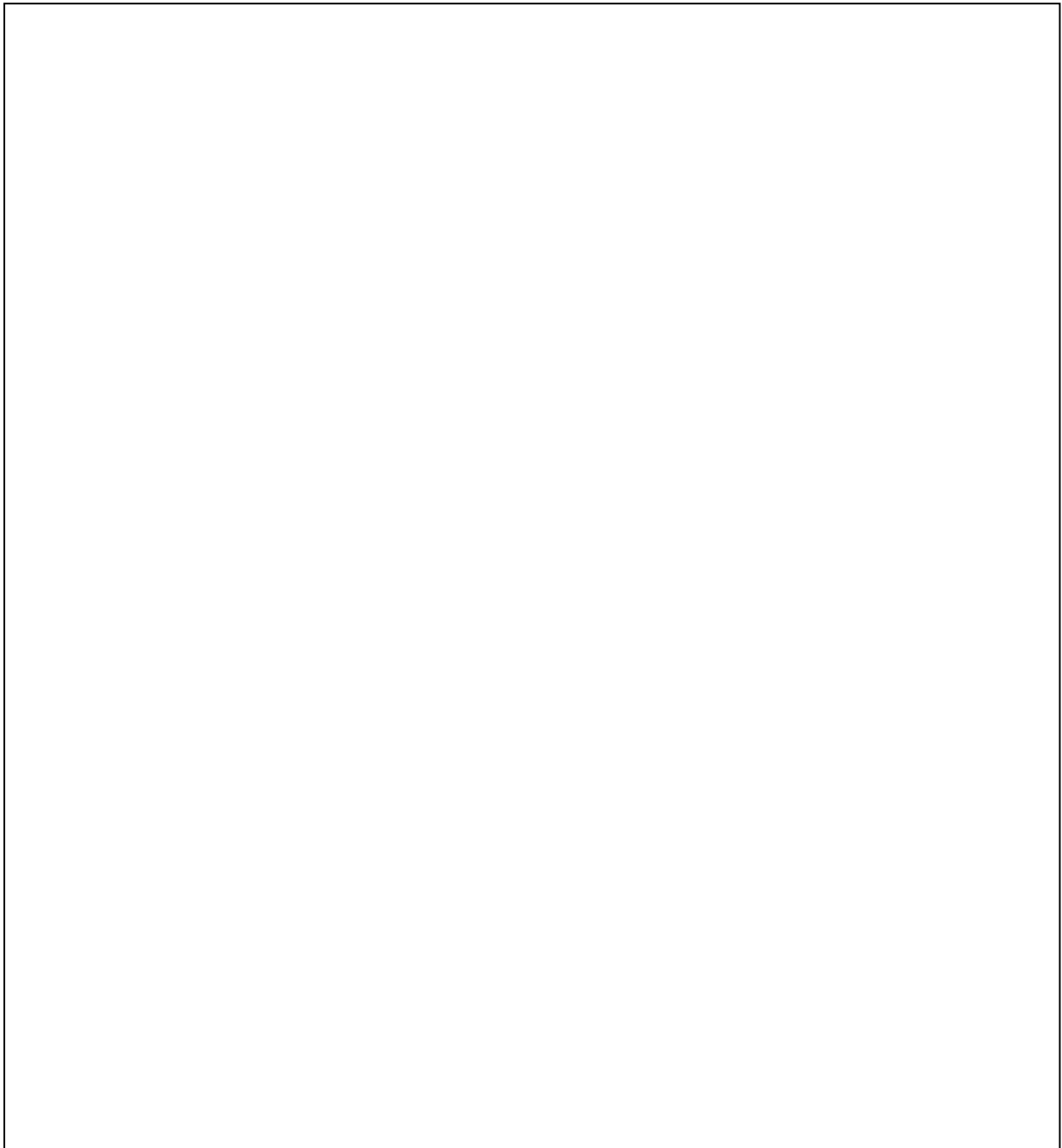
Family history of needs (is there a family history of disabilities including visual/hearing impairments, autism and specific learning difficulties, e.g. dyslexia, dyspraxia, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), dyscalculia and dysgraphia, etc.)

Is there any information you need to share with us regarding any special needs or health issues your child may have? (e.g. known additional needs, speech therapy, diagnosis, sensory issues, asthma, food allergies, etc.)

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Please use this page to let us know more about your child. You may wish to include information such as:-

- Your child's favourite things to do - indoors and outdoors
- Their enjoyment of books and stories
- Confidence in communicating and interacting with adults and other children
- Are they able to dress themselves independently?
- Are they able to use a knife, fork and spoon?
- How well do they sleep?

A large empty rectangular box with a thin black border, intended for parents to provide additional information about their child.

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At Merry Hill we place great value on parent partnership and work closely with our families. We value opportunities to invite parents/carers into the classroom to share knowledge, experiences, hobbies and interests where relevant to our curriculum.

Please use the box below to let us know if you would be happy to come into Nursery to talk to our children about your job, a religious festival that your family celebrate together, a hobby or interest, etc.

Parent's Signature: ..... Date: .....

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