Little Munchkins

Background Form

For 3 Months to Under 2 Years

Child Name.....

Does your child have a special toy or comforter?_____

Does your child have any particular fears or dislikes?_____

What does your child particularly enjoy doing? _____

What are your child's favorite things; i.e.Books, Songs, Music or toy? _____

Do you have any pets and what are their names? _____

Please can you answer the following questions regarding your child.

ABLE TO MAKE BABBLING SOUNDS	YES	NO
ENJOYS BEING AROUND OTHER CHILDREN	YES	NO
IS SHY	YES	NO
HAS AN OUTGOING AND CONFIDENT PERSONALITY	YES	NO
RESPOND TO THEIR OWN NAME	YES	NO
RESPONDS WELL TO ADULT STIMULATION	YES	NO
ENJOYS SIMPLE RHYMES AND SONGS	YES	NO
ENJOYS SITTING QUIETLY AND LISTENING TO A STORY	YES	NO
IS BECOMING MOBILE	YES	NO
ABLE TO HOLD BOTTLE OR CUP	YES	NO
CAN BUILD A TOWER WITH TWO / THREE BLOCKS	YES	NO
ABLE TO KICK A BALL	YES	NO
COMPLETE SIMPLE JIGSAWS	YES	NO
NAMES SIMPLE OBJECT i.e. DOG, CAT, CAR, TREE, FLOWER	YES	NO

Any additional infromation which you feel would help with the care of your child within the Nursery