



Mrs Ann Sheppard FD, ADCE and Mr David Sheppard PgDip, CITP, MBCS, EYP

Jadela House, 9 Peak Lane, Fareham, Hampshire, PO14 1RP

Ofsted Registration Number: Ann 151014 - David EY380154

Phone: 07976 186415, 07976 186464

Email: [jj@jadelajuniors.co.uk](mailto:jj@jadelajuniors.co.uk), [dave@jadelajuniors.co.uk](mailto:dave@jadelajuniors.co.uk); [ann@jadelajuniors.co.uk](mailto:ann@jadelajuniors.co.uk)

[jadelajuniors.co.uk](http://jadelajuniors.co.uk)

## About Me

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

*Please complete/amend as required or appropriate*

Last Updated: 05 November 2015

Home Address: \_\_\_\_\_

Relationship: Father

Name: \_\_\_\_\_

Can Collect Child? ☐

Known As: \_\_\_\_\_

Home Email: ?

Home Phone: ?

Home Mobile: ?

Work Email: ?

Work Phone: ?

Work Mobile: ?

Home Address ?,

Place of Work ?,

Relationship: Mother

Name: \_\_\_\_\_

Can Collect Child? ☐

Known As: \_\_\_\_\_

Home Email: ?

Home Phone: ?

Home Mobile: ?

Work Email: ?

Work Phone: ?

Work Mobile: ?

Home Address ?,

Place of Work ?,

Relationship: Other Person To Collect

Name: \_\_\_\_\_

Can Collect Child? ☐

Home Email: ?

Home Phone: ?

Home Mobile: ?

Work Email: ?

Work Phone: ?

Work Mobile: ?

Relationship: Other Emergency Contact (not parents)

Name:

Can Collect Child? ☐

Home Email: ?

Home Phone: ?

Home Mobile: ?

Work Email: ?

Work Phone: ?

Work Mobile: ?

Relationship: Doctor

Name:

Work Phone: ?

Work Mobile:

Medical Practice ?,

Relationship: Health Visitor

Name:

Work Phone: ?

Work Mobile:

Medical Practice ?,

Immunisations/Vaccinations?

Tick = YES

Diphtheria

☐

Whooping Cough

☐

Tetanus

☐

Polio

☐

Measles

☐

Mumps

☐

Rubella

☐

HIB Meningitis

☐

Flu

☐

### All About Me - INTERESTS

Q.1 : MY FAMILY HAVE NOTICED I AM REALLY INTERESTED IN... State as appropriate...

.

### All About Me - LIKES

Q.2 : MY FAVOURITE CUDDLY / COMFORT ITEM IS... State as appropriate...

.

Q.3 : MY FAVOURITE TOY IS... State as appropriate...

.

Q.4 : MY FAVOURITE WORDS ARE... State as appropriate...

.

Q.5 : MY FAVOURITE MUSIC IS... State as appropriate...

.

### **All About Me - DISLIKES**

Q.6 : I AM A BIT AFRAID OF... E.G. THE DARK, HEIGHTS, SPIDERS, INSECTS, LOUD NOISES

.

### **All About Me - DIET**

Q.7 : MY FAVOURITE FOOD IS... State as appropriate...

.

Q.8 : I AM ALLERGIC TO A SPECIFIC FOOD ALLERGEN...

(Our meals and foods may contain any of the allergens specified. If you develop, or currently have any known allergic reaction to these food products we MUST be informed immediately.) Please specify any identified dietary food allergy you may have...

Celery, Gluten, Crustaceans, Eggs, Fish, Lupin, Milk, Molluscs, Mustard, Nuts, Peanuts, Sesame seeds, Soya, Sulphur dioxide (sulphites), Wheat, Oats, Barley, Rye

.

Q.9 : MY SPECIAL DIETARY REQUIREMENTS ARE... E.G. ANY FOOD TYPE, VEGETARIAN, VEGAN, DAIRY FREE, NUT FREE

.

Q.10 : I HAVE TRIED BUT DO NOT LIKE TO EAT... State as appropriate...

.

### **All About Me - ROUTINES**

Q.11 : I AM USED TO BEING FED WHILST... E.G. SITTING, LYING, BEING CUDDLED, SWADDLED

.

Q.12 : I LIKE TO BE FED AT...(TIMES) E.G. ON DEMAND, EVERY 4 HOURS, AT NORMAL MEAL TIMES

.

Q.13 : MY SLEEP ROUTINE IS... E.G. AFTER EVERY FEED, IN THE MORNING, AFTER LUNCH, ON DEMAND

.

### **All About Me - ABILITIES**

Q.14 : PHYSICALLY, I CAN CURRENTLY... E.G. SIT, CRAWL, BOTTOM SHUFFLE, STAND, WALK, RUN, JUMP, HOP, SKIP, CLIMB, BALANCE ON ONE LEG

.

### **All About Me - TOILETTING**

Q.15 : MY TOILETTING STAGE IS... E.G. IN NAPPIES, POTTY TRAINING, WEARING TRAINER PANTS WHEN SLEEPING, DRY DAY AND NIGHT

.

### **SPOKEN LANGUAGE**

Q.16 : IS ENGLISH YOUR PRIMARY LANGUAGE SPOKEN AT HOME? YES / NO?

☐

Q.17 : IF NOT ENGLISH, PLEASE STATE LANGUAGE SPOKEN. Please state as appropriate

### **MEDICAL**

Q.18 : IS THE CHILDMINDER AUTHORISED TO TAKE YOUR CHILD TO THE CLINIC? YES / NO

☐

Q.19 : MY DOCTOR HAS PRESCRIBED AN AUTO-INJECTOR, FOR THE TREATMENT OF ANAPHYLAXIS. YES / NO?

☐

Q.20 : IF APPROPRIATE, PLEASE STATE WHICH AUTO-INJECTOR(S). State as appropriate...

Q.21 : MY DOCTOR HAS PRESCRIBED AN INHALER, FOR THE TREATMENT OF ASTHMA. YES / NO?

☐

Q.22 : IF APPROPRIATE, PLEASE STATE WHICH INHALER(S). State as appropriate...

Q.23 : PLEASE LIST ANY OTHER HEALTH PROBLEMS NOT ALREADY IDENTIFIED?

Q.24 : PLEASE LIST ANY INFECTIOUS ILLNESSES YOUR CHILD HAS ALREADY CONTRACTED?

Q.25 : I GRANT PERMISSION FOR THE CHILDMINDERS TO ADMINISTER PRESCRIBED MEDICATION IN ACCORDANCE WITH THE WRITTEN PRESCRIPTION INSTRUCTIONS?

☐

IF YES, YOU MUST SIGN AND DATE ALONGSIDE THIS QUESTION. YES / NO?

Q.26 : I GRANT PERMISSION FOR THE CHILDMINDERS TO ADMINISTER NON-PRESCRIPTION MEDICATION (SUCH AS COUGH PREPARATIONS, TEETHING GEL, CALPOL, SUN CREAM, NAPPY CREAM) WHEN THERE IS A HEALTH REASON TO DO SO? YES / NO

☐

Q.27 : IF CHILDMINDER ALLOWED TO ADMINISTER NON-PRESCRIPTION MEDICATION - PLEASE STATE TYPES OF MEDICATION AND AMOUNT ALLOWED?

## EMERGENCY TREATMENT

Q.28 : IN AN EMERGENCY I GRANT PERMISSION FOR MY CHILD TO RECEIVE ANY EMERGENCY HOSPITAL OR DOCTOR'S ATTENTION WITHOUT MY PRIOR KNOWLEDGE? YES / NO

☐

Q.29 : IF NOT TO RECEIVE ANY EMERGENCY HOSPITAL OR DOCTOR'S ATTENTION - WHAT ACTION SHOULD BE TAKEN?

## OUR SETTING

Q.30 : MY CHILD MAY USE THE OUTDOOR PLAY EQUIPMENT IN THE GARDEN OF JADELA HOUSE? YES / NO

☐

Q.31 : MY CHILD MAY USE THE OUTDOOR PLAY EQUIPMENT IN LOCAL AUTHORITY PARKS / PLAYGROUNDS? YES / NO

☐

Q.32 : MY CHILD MAY USE THE CHILDMINDERS COMPUTER? YES / NO ☐

Q.33 : MY CHILD MAY VIEW SUITABLE INTERNET MATERIAL VIA THE CHILDMINDERS COMPUTER?  
(NOTE: THE INTERNET COMPUTER HAS THE LATEST NORTON 360 INTERNET SECURITY & PARENTAL BLOCKING SOFTWARE) YES / NO ☐

Q.34 : I GRANT PERMISSION FOR DEVELOPMENTAL PROGRESS PHOTOGRAPHS OF MY CHILD TO BE TAKEN WHILST IN THE  
SETTING? YES / NO ☐

Q.35 : I GRANT PERMISSION FOR DEVELOPMENTAL PROGRESS PHOTOGRAPHS OF MY CHILD TO BE TAKEN WHILST OUTSIDE THE  
SETTING? YES / NO ☐

Q.36 : I GRANT PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE PUBLISHED ON JADELA JUNIORS WEBSITE? YES / NO ☐

Q.37 : I GRANT PERMISSION FOR THE CHILDMINDER TO USE WRITTEN OBSERVATIONS (ANONAMISED) IN UNIVERSITY STUDY  
MODULE SUBMISSIONS? YES / NO ☐

Q.38 : I GRANT PERMISSION FOR THE CHILDMINDER TO COMPLETE WRITTEN OBSERVATIONS TO MEET THE REQUIREMENTS OF  
THE EARLY YEARS FOUNDATION STAGE? YES / NO ☐

### TRAVEL & TRANSPORT

Q.39 : I GRANT PERMISSION FOR THE CHILDMINDERS TO TAKE MY CHILD OUT ON TRIPS WITHIN THE LOCAL AREA? (E.G. VISITS TO  
THE LOCAL PLAY PARKS, THE BEACH, PORTCHESTER CASTLE, MANOR FARM, HUNDRED ACRE WOOD, PAULTONS PARK, MARWELL  
ZOO, ETC) YES / NO ☐

Q.40 : IF APPLICABLE, PLEASE STATE ANY SPECIFIC AREAS / LOCATIONS THAT YOUR CHILD MUST NOT VISIT. List as appropriate...

Q.41 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL WITHIN THE LOCAL AREA - FAREHAM? YES / NO ☐

Q.42 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL WITHIN THE LOCAL AREA - STUBBINGTON? YES / NO ☐

Q.43 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL WITHIN THE LOCAL AREA - GOSPORT? YES / NO ☐

Q.44 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL WITHIN THE LOCAL AREA - PORTSMOUTH? YES / NO ☐

Q.45 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL WITHIN THE LOCAL AREA - SOUTHAMPTON? YES / NO ☐

Q.46 : I GRANT PERMISSION FOR MY CHILD TO TRAVEL IN A CAR WITH A SUITABLE RESTRAINT? YES / NO ☐

Q.47 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL BY BUS? YES / NO ☐

Q.48 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL BY TRAIN? YES / NO ☐

Q.49 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL BY FERRY? YES / NO ☐

Q.50 : I GRANT PERMISSION FOR MY CHILD TO OCCASIONALLY TRAVEL BY TAXI? YES / NO ☐

### ANYTHING ELSE

Q.51 : YOUR SECRET PASSWORD USED IN AN EMERGENCY SITUATION FOR ANOTHER PERSON TO COLLECT YOUR CHILD FROM THE  
CHILDMINDER?

Q.52 : IS THERE ANYTHING ELSE YOU FEEL THE CHILDMINDER SHOULD KNOW ABOUT YOUR CHILD?

DATE: ..... SIGNATURE: .....

PARENT/GUARDIAN/CARER'S MUST NOTIFY THE CHILDMINDER OF ANY CHANGES TO THESE DETAILS IMMEDIATELY.  
DETAILS OF ANY ACCIDENTS WHICH OCCUR WHILE THE CHILD IS IN THE CARE OF THE CHILDMINDER WILL BE RECORDED SEPARATELY IN THE  
ACCIDENT / MEDICATION RECORD BOOK AND SHOULD BE COUNTERSIGNED BY THE PARENT/GUARDIAN/CARER

#### ALL ABOUT ME – GUIDANCE NOTES

Our All About Me form is designed to give us the information we require to have your child in our setting and to gain an insight to your child's current likes and dislikes. Please fill in as many sections/questions as possible.

##### Page 1:

- ☐ Child's Name and Date of Birth
- ☐ Child's home address
- ☐ Can Collect Child?
  - o ☐ Please tick if this person is allowed to drop off and collect your child from us.
- ☐ Father
  - o ☐ Details if applicable of the child's Father
  - o Complete home address is DIFFERENT from above
- ☐ Mother
  - o ☐ Details if applicable of the child's Mother
  - o Complete home address is DIFFERENT from above
- ☐ Other Person To Collect
  - o ☐ Details if applicable of the other person
  - o ☐ Any other person who you might wish to regularly collect your child
- ☐ Other Emergency Contact (not parents)
  - o ☐ Details if applicable of other Emergency Contact
  - o ☐ Any person who you would like us to try to contact in an emergency if you are not available. This might be a grandparent, aunt or uncle for example.

##### Page 2:

- ☐ Doctor
  - o ☐ Details if applicable of the child's Doctor
- ☐ Health Visitor
  - o ☐ Details if applicable of the child's Health Visitor
- ☐ Immunisations/Vaccinations
  - o ☐ Please tick all that are applicable

##### All About Me

- ☐ Please answer all questions

*This information is stored electronically in Jodela Juniors IT systems in accordance with the Data Protection Act. All of your child's data is shown here.*  
*Form V5 last updated 02 March 2015*