



## MEDICAL & ADDITIONAL INFORMATION

| Name:   |  |
|---|--|
| Pesel number:   |  |
| Relatives/friends who may be co<br>school hours:                      | ontacted in the event of an emergency during |
| Name:   | tel  |
| Name:   | tel  |
| Name:   | tel  |
|   |  |
|   |  |
|   |  |
| Vaccinations/Immunisations  Detail of any vaccinations/immunications/ | nisations already received by your child:    |
|   |  |
|   |  |

| DIET  Does your shild have special dietery needs?  |  |  |
|--|--|--|
| Does your child have special dietary needs?  |  |  |
|  |  |  |
|  |  |  |
| Which diet would you like Pooh Corner to order for your child:  universal nutritious diet for children YES/NO • vegan diet for children YES/NO • no milk diet for children YES/NO • no gluten diet for children YES/NO • no milk & no gluten diet YES/NO |  |  |
| What is your child's favourite food and drink?   |  |  |
| What does your child prefer not to eat or drink?   |  |  |
| MORE ABOUT THE CHILD:  |  |  |
| Does your child have brothers and/or sisters and what are their ages?  |  |  |
| Is your child toilet trained, if yes, since when?  |  |  |
| Special interests your child has   |  |  |
| The child's favourite (toy, book, play, animal, others)  |  |  |
| Do you have animals at home, if yes what?  |  |  |
| What are your child's sleeping habits?   |  |  |
| Is your child afraid of anything?  |  |  |
| Is your child interested in participating in group activities?   |  |  |

| How does your child react to changes?   |                              |
|---|------------------------------|
| What are your child's strengths according to you  | u?                           |
|   |                              |
| What areas of child development require more p  | ractice?                     |
|   |                              |
| Languages spoken at home:  First: Second:   | Third:                       |
| Does Pooh Corner have your permission to use photographs of you and your child on it's: | occasionally taken           |
| Facebook page YES/NO www.poohcorner.pl web site YES/NO                                  |                              |
|   | Signature of Parent/Guardian |

THANK YOU FOR GIVING US ALL THE INFORMATION WE NEED!!!