



CHILD REGISTRATION CARD

CHILD'S NAME AND SURNAME.....

DATE OF BRGHT.....

DATA FOR CONTACT WITH PARENTS

| | MOTHER | FATHER |
|------------------------------|--------|--------|
| Name and surname | | |
| Telefon number | | |
| Adress e-mail | | |
| Adress in Poland | | |
| Name and adress of workplace | | |

1. Did child go to nursery before ? Yes / No

2. If yes where and how long.....
 Describe the adaption period , please

3. Does any therapist or doctor look after the child ? Yes / No
 If yes what kind
 of.....
 Has the child any certificate of disability or any opinion about early development support

4. Had the child any contagious disease

5. Is child allergic ? Yes / No

◆ Bajkowa ◆
◆ TEJCZOWA ◆
KRAINA
◆ ◆ ◆

6. if yes for what or what kind of allergy
has.....
.....
.....

7. What food and dishes does the child like very much?
.....
What food and dishes doesn't like ?.....

8. Can the child eat with spoon or use the bottle ?

9. Does the child need the diet for other reason than health? Yes / No
If yes what kind of.....

10. Does the child:
independently go Yes / No
independently run Yes / No
need help at:
 eating Yes / No
 washing hands and face Yes / No
 dressing and dessing up Yes / No
 show or ask for going to the bathroom Yes / No

11. In communication used:
 motion
 gestures
 mimic
 single words
 build simple sentences

12. The child often plays
 alone
 with adult person
 with other children

13. What activity does the child like the most at home ?
 Playing with toys ,which one.....
 Drawing, painting

Bajkowa TECZOWA KRAINA

- Watching cartoons
- Listening tales
- Music-listening, singing, dancing
- Watching pictures, books
- Acting imitations
- Others.....

14. The child is

- calm
 - quiet
 - active
 - complaining
 - weepy
 - timid
 - brave
 - introverted
 - extrovert
 - other.....
-

15. The child sleeps

- Before or after lunch
- Alone or with someone
- In bed , in stroller

What does help the child fall into sleep.....
.....
.....

16. How many times and how long does the child sleep during a day.....
.....

17. What does the child is afraid of?.....
What does the child definitely doesn't like ?
.....



18. Has the child brother or sister ? yes no
 How many.....how old they are.....

19. Other information important for adoption in nursery and carrying of the child

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20. Persons authorized to collect child

| Name and surname | Adress in Poland | Personal ID number | Telefon number |
|------------------|------------------|--------------------|----------------|
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I hereby certify that the above information is true.