



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

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

BAJKOWA tęczowa KRAINA

.....
.....

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 dessaging 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

Watching cartoons

Listening tales

Music-listening, singing, dancing

Watching picutres, books

Acting imitions



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

I hereby certify that the above information is true.