

Children's questionnaire for admission to nursery



To be completed by Malvína staff

Dítě přijato

Odpovědná pečovatelka

To be completed by the parent

Name and surname of the child

Age of child upon commencement

Date of Birth/Birth Number

Health insurance

Paediatrician

Telephone

Native language

Other language child understands

Language/s child prefers

Please circle applicable or write in words:

1. The child lives in a complete — incomplete family, only with mother — father, in substitute care (A / PP) / other
2. The child has already attend the nursery — maternity center — children's group YES ☐ NO ☐
3. Has the child ever been cared for privately YES ☐ NO ☐ from how many months and for how long??
4. Was the baby born Born at term — prematurely?
5. Delivery complications — no complications.
6. Does the child have any issues arising from complications during childbirth YES ☐ NO ☐ and if yes, please describe?
7. Does the child have a congenital defect YES ☐ NO ☐ if yes, please describe?
8. Are the child's motor skills developing normally — development is delayed?
9. Child's hips are okay YES ☐ NO ☐ if no, describe the doctor's recommendation.
10. Vojta's method was — is practiced with the child: YES ☐ NO ☐ if yes, describe doctor's recommendation

11. Is the child allergic — hypersensitive to any foods — substances: YES ☐ NO ☐ if yes, describe the allergy / hypersensitivity? ...
.....
12. Does the child have difficulty adapting to a changing environment or carer YES ☐ NO ☐, what are these problems and how do they manifest themselves?
.....
13. Is the child fixated more on its mother — father — both parents — other person and can the child stay outside the home without problems? YES ☐ NO ☐
14. The child responds to this name
.....
15. In five words how would you characterise your child?
.....
.....
16. Other statements by legal guardians about the child (e.g. sleep rituals, habits, vices, traits we should know about etc.)
.....
.....
.....

Our child

- | | |
|--|---|
| Uses a pacifier YES <input type="radio"/> NO <input type="radio"/> | or only whilst asleep YES <input type="radio"/> NO <input type="radio"/> |
| Still drinks from a baby bottle YES <input type="radio"/> NO <input type="radio"/> | Can use tissue/handkerchief to blow own nose YES <input type="radio"/> NO <input type="radio"/> |
| Drinks independently from a cup YES <input type="radio"/> NO <input type="radio"/> | and if yes usual from which time?
..... |
| Eats independently YES <input type="radio"/> NO <input type="radio"/> | Is it usual to have a morning nap YES <input type="radio"/> NO <input type="radio"/> |
| Manages to bite and swallow all foods YES <input type="radio"/> NO <input type="radio"/> | At what time?
..... |
| Has problems with food YES <input type="radio"/> NO <input type="radio"/> and if yes with what?
..... | Does the child speak not at all — expresses themselves verbally —
in short complete sentences — speaks incomprehensibly? |
| Refuses any foods YES <input type="radio"/> NO <input type="radio"/> and if yes with what?
..... | Is the child happy in a group setting — prefers a quiet back-
ground or are they afraid of something (someone)?
..... |
| Uses a spoon YES <input type="radio"/> NO <input type="radio"/> | Does the child need other children — adults to play or can they
play alone and how long can they play alone?
..... |
| Wears nappies YES <input type="radio"/> NO <input type="radio"/> all day — sleeping only | The child prefers to play with these toys
..... |
| Asks to use the toilet independently — with help YES <input type="radio"/> NO <input type="radio"/> | Can — cannot express their wishes or needs. |
| Potty only YES <input type="radio"/> NO <input type="radio"/> | |
| In case child is without diapers: | |
| Urinating themselves during the day YES <input type="radio"/> NO <input type="radio"/> | |
| or only whilst asleep YES <input type="radio"/> NO <input type="radio"/> | |
| Defecating themselves during the day YES <input type="radio"/> NO <input type="radio"/> | |

Declare that the above information is true and that, as the legal representative, I have not concealed any serious and important facts that are relevant to the care and upbringing of my child

In Prague on Signature of Legal Guardian

To be completed by Malvína staff

Seznámení se s dotazníkem k nástupu do jeslí Malvína

Datum Jméno Podpis

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