

ALL ABOUT ME

CHILD'S NAME						
DATE OF BIRTH						
NICKNAME (if any)						
DAYS OF ATTENDANCE		MON	TUES	WED	THUR	FRI
LIKES						
DISLIKES						



MY FAVOURITE SONG IS					
MY FAVOURITE BOOK IS					
MY FAVOURITE TOY IS					
GOALS					

FAMILY INFORMATION

I LIVE WITH					
AT HOME THE LANGUAGE WE SPEAK IS					
OUR CULTURAL BACKGROUND IS					
WE CELEBRATE					
OUR CULTURAL TRADITIONS INCLUDE					

EATING HABITS

I HAVE A FOOD ALLERGY/INTOLERANCE DIETARY REQUIREMENT		<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE EXPLAIN THE ALLERGY		
FAVOURITE FOOD		
FOOD I DON'T LIKE		

TOILETING HABITS

I AM TOILET TRAINED TOILET TRAINING NAPPIES/ PULL-UPS

SLEEPING HABITS

I LIKE TO HAVE A	<input type="checkbox"/> Sleep <input type="checkbox"/> Rest during the day (include when and how long)	
MY SLEEP/ REST TIME ROUTINE INCLUDES	(Add any comforters – dummy, blanket etc)	

Any extra information or additional comments