**ALL ABOUT ME**

|  |  |  |  |
| --- | --- | --- | --- |
| CHILD’S NAME |  |  |  |
| DATE OF BIRTH |  |
| NICKNAME |  |
| PRE-SCHOOL START DATE |  |
| 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 | 🞏 YES 🞏 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  | 🞏 Sleep 🞏 Rest during the day (include when and how long) |  |
| MY SLEEP/ REST TIME ROUTINE INCLUDES  | (Add any comforters – dummy, blanket etc) |
|  |
|  |
|  |
| Draw a picture of you and your family |