**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 | | | |