

All about me

My full name is _____

I would like to be known as: _____

Here is a picture/photograph of me

This booklet will help the people who are looking after me get to know me and keep me safe and happy.

This booklet is for parents/carers and children to complete together.

We want to get to know your child so that you will feel confident that your child is happy and safe with us.

- Fill in what you can
- Do a bit at a time
- Don't worry if it's a bit messy

Please come and talk to us if you have any questions or concerns.

We hope you enjoy completing this booklet together.

I am _____ years old



My birthday is on _____

People who live in my home are:-



Friends and family who are important to me are:-



Things I would like to tell you about my family are:-

The main language we speak at home is:-

My favourite things

I like to eat



I like to drink



My favourite game is



My favourite toy is



My favourite television programme is



My favourite book is



My favourite song/rhyme is



My other favourite things are

Things I like to do

Draw a 'smiley' face by the things you like to do



Throwing and catching balls



Playing pretend games



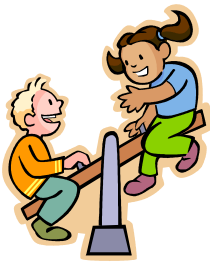
Playing on my own



Building with blocks



Playing with other children



Sharing and taking turns



Playing with soft toys/dolls



Playing with cars/trains

Things I like to do

Draw a 'smiley' face by the things you like to do



Painting



Watching TV



Looking at books

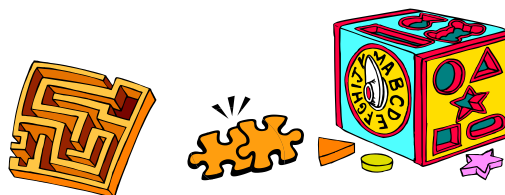


Using a computer



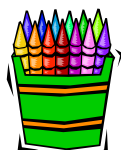
Dancing and singing

Playing with puzzles



Playing in sand and water

Drawing and colouring pictures



Parents'/Carers' Pages

(to be kept with your child's records)



My child will be brought to school and picked up by

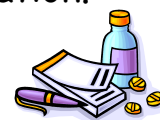
Name _____ Contact phone number(s) _____

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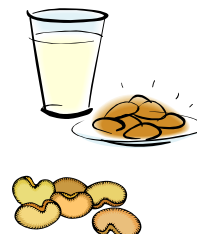
Name _____ Contact phone number(s) _____

(Please include the 3 people that may pick up your child. If your child is going to be collected by someone else, it is vital that you let us know.)

My child has allergies, medical conditions or takes regular medication.
Yes/No (if yes please tell us what they are)



My child can't eat or drink e.g. non-halal meat, orange juice.



My child sleeps well: usually ☐ sometimes ☐ never ☐

Does your child have any other problems or is there anything you are worried about? (You can talk to us if you don't want to write it down)

Please give the following information if relevant:

My child has/has not previously attended playgroup/nursery/childminder
(please list) _____

My child is shy when _____

My child finds it difficult to _____

My child is confident when _____

My child gets upset/frightened when _____

Is there anything else you would like to tell us about your child/family?
