



ALL ABOUT ME

Thank you for completing this document about your child. It gives us a range of important basic information about your child to help us tailor our provision to their needs. You may find it useful to complete some sections with your child, particularly those involving their preferences.

Child's Name: _____

Date of Birth: _____

Date this record was completed: _____

PLEASE COMPLETE AND RETURN WITH YOUR REGISTRATION FORM

Home Life

I live with: (names and relationship to child)

At home our language is:

Food and Drink

I like to eat:

I like to drink:

I don't like to eat:

I don't like to drink:

I am allergic to:

Personal Care

The stage I have reached with toileting is:
(In nappies, toilet training, trained)

When I get dressed/undressed by myself I can:

I need adults to help me with:

Any distinguishing marks? Please state location and appearance on body:

Other Settings

I have already been to (a childminders, parent/toddler group, playgroup, nursery) at:

Whilst I am at Oscar Club I will still be attending

Things I like

My friends are: (in/out of playgroup)

My favourite toy is:

My favourite book is:

My favourite song is:

I am very attached to:

I enjoy:

Other People

People think I am good at:

Sometimes I worry people because:

When I meet other children I:

When I meet new adults I:

My Health

I usually: (please circle)

Sleep very well	quite well	not very well
Hear very well	quite well	not very well
See very well	quite well	not very well
Talk very well	quite well	not very well

Other people who help me include: (speech therapist, consultant, doctor, health visitor)