ALL ABOUT ME – CHILD INTRODUCTION FORM

CHILD DETAILS					
Child's Name					
Room			Date of Birth		
Start Date					
Days Attending: (Please circle)	Monday	Tuesday	Wednesday	Thursday	Friday

Likes	
Dislikes	
My favourite song is	
My favourite book is	
My favourite toy is	
My family goals	

FAMILY INFORMATION	
I live with	
Languages I speak	
My cultural background	
I celebrate	
My cultural traditions	

EATING HABITS		
I have a food allergy/intolerance dietary requirement	YES ☐	NO ☐

Please explain any dietary requirements	
My favourite foods	
Foods I don't like	

TOILETING HABITS		
Toilet trained ☐	Toilet training ☐	Nappies/ pull-ups ☐
Additional toileting requirements		

SLEEPING HABITS	
I like to have a	Sleep ☐ Rest during the day ☐
My sleep/ rest time routine includes	(Add any comforters – dummy, blanket etc)
Additional information	