



Registered Charity Number: 1016388

All About Me Questionnaire

Child's Full Name:

I like to be called:

Date of Birth:

Please answer the questions using your child's own input below and/or circle the statements which apply to your child.

I like to eat.....

I cannot eat.....

I like to drink.....

I cannot drink.....

I am allergic to.....

I will usually be brought into Playgroup by.....

I will usually be collected by.....

I usually

| | | | |
|-------|-----------|------------|---------------|
| 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 |

These people are important to me: (friends, relatives etc).....
.....

.....

My pets are.....

Toys I like to play with

Games I like to play.....

Things I like to do at home.....
.....

Stories I like to hear.....

Rhymes I like to sing.....

Anything else you would like to tell us.....
.....

Has your Child already been to child-minders/playgroup/parent toddler group/nursery/crèche? If so please give details.....
.....

Are you Child's immunisations up to date? YES/NO
Has your Child ever been in hospital? YES/NO
If yes please give details.....
.....

Does your Child take any regular medication? YES/NO
If yes please give details.....
.....

My Child enjoys playing with other children YES/NO
My Child prefers to play alone YES/NO
My Child can use the toilet with help (sitting/standing) YES/NO
My Child is in nappies YES/NO
My Child is in pull-ups YES/NO

Thank you for taking the time to fill in this questionnaire about your Child. This information will help us to get to know your child more quickly and help us to enable them to settle into our Playgroup