

# All About Me!!!

Date :

Name:

Age:

Birthday:

My favourite things

Food:

Television programme:

Book:

Animal:

Toy:

Songs that I know/like are:

Games that I like to play are:

Things that I would like to do are:

Please take some time to fill this in, to enable me to adapt our sessions to the enjoyment of your children .....Thank you, Sarah

# All About Me!!!

Child's name:

Date of birth:

Parent/carers name :

Address:

Postcode:

Telephone number:

Mobile telephone number:

Email:

## **Medical information (eg allergies)**

Child:

Parent/carers (whoever brings the child to toddlers):

Emergency contact (not the person who brings the child to toddlers)

Name:

Telephone number:

These details are kept for internal use only.

We do occasionally take photographs at Allithwaite CE School events. Please let us know if you do not want photographs of your child to be used in school publicity.

Yes/no

Signed \_\_\_\_\_

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