



All About Me!

Name..... Age.....

Date form completed.....

Does your child have any particular likes/dislikes that you would like to share with us?

Does your child have any particular health issues at the moment which may affect them during their time at club/camp e.g poor sleep patterns, eating difficulties etc? Make sure you have filled in the medical forms if you are dropping off inhalers or epipens.

Is there anything which makes your child anxious/afraid or upsets them?

Does your child experience any behavioural difficulties at their current school or setting which we need to be aware of? Do they have additional support at school?

Is there anything you would like to share with us about your child's toileting habits at home?

At meal times, is there anything you would like us to focus on with them e.g do they need encouragement to eat all their food?

What school or setting does your child attend?

Is there anything else you would like to share at this time?

Thank you for sharing this information with us.