**St Joseph’s Catholic Primary School**



**All About Me**

**My full name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to be known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This booklet is for parents/carers and children to complete together.

We want to get to know your child so that you will feel confident that your child is happy and safe with us.

Please come and talk to us if you have any questions or concerns.

We hope you enjoy completing this booklet together.

I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years old. ![C:\Users\paulc\AppData\Local\Microsoft\Windows\INetCache\IE\0B8DZ0CL\tar[1].jpg]()

My birthday is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| People who live in my home are :- |

Friends and family who are important to me are :-

Things I would like to tell you about my family are:-

The main language we speak at home is:-

**My Favourite Things**

I like to eat ……

My favourite game is ……….

My favourite toy is …………..

I like to drink…….

My favourite television programme is …………..

My favourite song/rhyme is …..

My favourite book is ….

My other favourite things are……

![C:\Users\paulc\AppData\Local\Microsoft\Windows\INetCache\IE\0B8DZ0CL\clipart0102[1].jpg]() Things I like to do. ![C:\Users\paulc\AppData\Local\Microsoft\Windows\INetCache\IE\0B8DZ0CL\beach-ball-01[1].png]()

Draw a smiley face by the things you like to do ![C:\Users\paulc\AppData\Local\Microsoft\Windows\INetCache\IE\GZFC3A2Z\smiley-face[1].jpg]()

Throwing and catching games

Playing pretend games

Build with blocks and lego

Playing on my own

Sharing and taking turns

Playing with other children

Other things I like to do or play with are...

Parents’/Carers’ Pages

(to be kept with your child’s records)

My child will be brought to school and picked up by (please also provide these details on the contact form):

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child can’t eat or drink e.g non-halal meat, orange juice etc Please also provide these details on the contact form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child sleeps well: usually sometimes never

Does your child have any other issues or is there anything you are worried about? (You can talk to us if you don’t want to write it down)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child previously attended playgroup/ nursery/ childminder?

(Please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tell us about your child:

Are they shy? Are they confident? Is there anything they find difficult?

 Is there anything that makes them upset/ frightened?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else you would like to tell us about your child/ family?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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