

IMPORTANT Please Complete and return to school in September. THANK YOU!

These are the things I like to do:

My preschool experience:

Please tell us about your child's preschool experience: Where did they go?/How often did they attend?/What age did they start? etc

These are the things I may need help with:

These people will collect me from school:

Will your child be going to after school club? If so, please tell us which days.

This is my family:

My medical conditions:

Please tell us about any medical conditions/allergies your child has.

All about me

This is me:

Draw a picture of yourself here!

Other things I would like you to know:

These are the things I can already do:

e.g recognise/write my own name/count out loud/ count objects/recognise numbers/letters/words/colours/shapes.

My name: _____

My birthday: _____