



# All About My Child

We value the knowledge and understanding you have of your child and would really appreciate it if you would complete this form and return it to school as soon as possible.

**Child's Name:** \_\_\_\_\_ **Known As:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

## Our family

Who are the important people in your child's life?

*i.e. brothers, sisters, grandparents, childminders.*

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Are there any important celebrations, festivals or significant events that you share as a family?

*i.e. Religious festivals, visits, holidays, new baby*

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## My child's development

Has your child got any allergies or medical issues?

*i.e. prescribed medicine, asthma, eczema, significant illness, physical difficulties*

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Can you tell us about your child's speech and language?

*i.e. main language, other languages spoken or understood, is speech clear, understandable?*

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Do you have any concerns about your child's development?

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# CASSIOBURY INFANT & NURSERY SCHOOL

## Playing and learning

What other educational/care experiences has your child had? Are they happy to leave you?

*i.e. Pre-school, childminder, playgroup, crèche*

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What does your child like to do at home and/or in other settings?

*i.e. games, books, activities that keep them occupied for a long time*

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Does your child have any concerns, worries or fears?

*i.e. loud noises, unfamiliar people, animals, soft toys*

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**Is there anything else you would like us to know about your child and/or family?**

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Thank you for completing this sheet.  
It will help us to meet your child's needs and interests at school  
and continue the learning that he/she has done at home.  
We look forward to working with you!