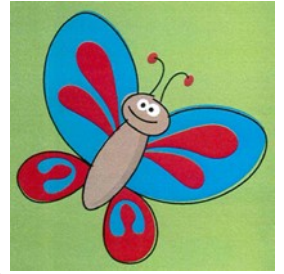


All About Me



A photo of me

My name is:

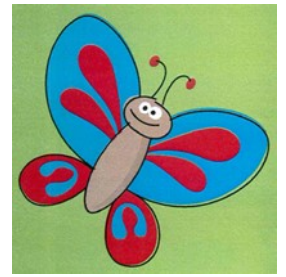
I was born on:

I like to be called:

I am a girl / boy

**The colour of my hair
is:**

**The colour of my
eyes are:**



I live with:

Special people to me are (grandparents/aunts/uncles):

My friends are called:

**My religion/
faith is:**

My favourite health foods are:

I don't like to eat:

I am allergic to:

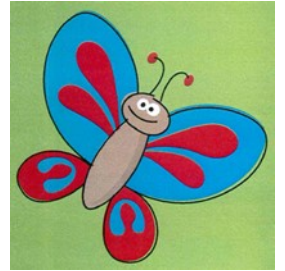


I am happiest when I am:

My favourite toys are:

My favourite activities are:

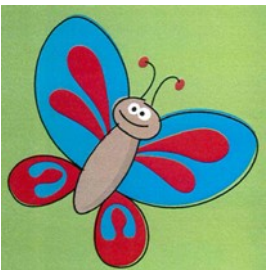
**The times I sleep
are:**



**My special comforter /dummy/
blanket is:**

I use it when:

**When I feel sad people
close to me would:**



When I separate from my favourite grown-ups I feel:

Places I have visited without my favourite grown ups are: (please list where i.e other settings/childminder)

I feel_____ about starting Little Deanies.

Other Information

- **What stage is your child at with toilet training?**
- **Do you have any concerns with hearing, speech, or sight?**
- **Does your child have any medical needs we need to know about?**
- **Does your child take regular medication?**
- **How do you feel about your child starting Little Deanies?**

