



KNOW THE CHILD FORM

My name :
My nickname :
My Favourite Food :
My Favourite Drink :
My Favourite Toys :
My Favourite Activities :
My Favourite Songs :
My Favourite Story :
My Favourite Game :
My Sleep Time Pattern :
My brother / sister :
My pets :
I spend most time with :
I can feed myself :
I can drink from a cup :
I am toilet trained :
I can understand English :
I can speak clearly in :
I have been to nursery before :
If I am upset, what comforts me :
My daily routine :

Which School / Curriculum are you planning to enroll your child after Nursery:

How did you hear about our Nursery (pls tick any of foll.)	Web Search	Social Media	Word of mouth	Flyers	Magazine	Others
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Parent's name:

Parent's signature:

Date: