

Please complete this booklet alongside your child. It will help the staff get to know your child in preparation for starting F1/Nursery in September.



Poulton Lancelyn Primary School



# All About Me



Add a recent picture of your child here

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

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

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

I am \_\_\_\_\_ years old.



My first language at home is \_\_\_\_\_

I live with –

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Special people in my life are –

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**My family and I celebrate** (please list cultural/traditional that are important to or celebrated by your family)

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**Family background** (if there is any additional information you would like us to be aware of, please list it below)

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**My favourite things:**

My favourite toy is.....

My favourite game/activity is.....

My favourite book is.....

My favourite song/rhyme is.....

What do you like to do at home and in pre-school? (e.g. painting, Lego, writing, use computer, play in sand and water, dancing, looking at books etc.)

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Please tell us about anything your child is excited for, or nervous about, when starting in September. Is there anything that you think your child will find difficult when they start?

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Are there any clubs/hobbies that your child participates in during their leisure time?



My child is confident when

My child gets upset/frightened/nervous when

My child finds it difficult to

Do you have any concerns about your child's development? Have they previously been seen by any other agencies e.g. speech and language?

Can you tell us about your child's personal, social and emotional skills? E.g. do they talk about their feelings? Can they share with others? Are they confident to have a go and try new things? Can they follow simple instructions?

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Please tell us where your child is up to in terms of toilet training

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### Additional Information

My child will be brought to school and picked up by:-

Name _____	Contact Phone Number _____
Name _____	Contact Phone Number _____
Name _____	Contact Phone Number _____
Name _____	Contact Phone Number _____

My child has allergies, medical conditions or takes regular medication. Yes / No  
(If yes please tell us about what they are).

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My child can't eat or drink e.g. milk

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My child previously attended

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

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Thank You  
F1/Nursery Team

