

Buzzing Bees Childcare Solution

Toddler All About Me (Ages 1 to 5)

Child's Information

Full Name _____

Date of Birth _____

Age _____

Weight (approx.) _____

Languages spoken at home _____

Family Information

Parent/Guardian Name(s) _____

Emergency Contact Name & Number _____

Sibling(s) Names & Ages (if any) _____

My Personality

I'm usually:

- Calm
- Active
- Shy
- Outgoing
- Other

I like to play with _____

I don't enjoy _____

I feel comforted by _____

Food & Drink

My favourite foods _____

Foods I dislike _____

Any dietary restrictions (allergies/religious/medical) _____

Preferred milk (if applicable):

- Cow's
- Oat
- Soya

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Other

Special feeding instructions (if any) _____

Daily Routines

Nap time:

Yes

No - Usual time: _____ Duration: _____

Comfort item for naps (e.g., dummy, blanket) _____

Toilet habits:

In nappies

Potty training

Fully toilet trained

Specific routines you'd like us to follow _____

Sensory Needs & Health

Does your child have any sensory needs or sensitivities?

Yes

No

If yes, please describe _____

Any diagnosed medical needs or additional support required?

Yes

No

If yes, please provide details _____

Additional Notes

Anything else you'd like us to know about your child:

Parent/Guardian Signature _____

Date _____