

It's All About Me

This is me!

My name is	
Date of birth:	Student ID:
My mother's name is	
Contact Number	Email
My father's name is	
Contact Number	Email
Emergency Contact Person	
Contact Number	

People who live with me are

My first and special words are

My favourite toys are

Words and actions that make me happy are

My sleeping routine is

What I like the most is

My last nursery was

My favourite food is

My favourite nursery rhymes are

<input type="checkbox"/> Potty trained
<input type="checkbox"/> Potty training in progress
<input type="checkbox"/> Using Diaper

Parent's Name:
Signature:
Date Submitted: