

SMALL FRIENDS PLAYSCHOOL

HOME TO PLAYSCHOOL

CHILD'S NAME:

DATE OF BIRTH:

THIS IS MY DRAWING



HOW DOES YOUR CHILD FEEL ABOUT BOOKS AND STORIES?



PLEASE DESCRIBE YOUR CHILD'S LANGUAGE DEVELOPMENT.

WHAT ARE YOUR CHILD'S SKILLS AND ABILITIES?



HOW DOES YOUR CHILD FEEL ABOUT HIMSELF/HERSELF?

PLEASE DESCRIBE SOME OF THE OTHER THINGS YOUR CHILD LIKES TO DO



WHAT THINGS CAN YOUR CHILD DO BY HIMSELF/HERSELF?



PLEASE MAKE A NOTE OF SOME OTHER CHILDREN, ADULTS OR PETS YOUR CHILD GETS ON WELL WITH



IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT YOUR CHILD?

WHAT ARE YOUR HOPES AND ASPIRATIONS FOR YOUR CHILD AND OF THE PLAYSCHOOL?



ARE THERE ANY CUSTOMS FOR RELIGIOUS OR CULTURAL BELIEFS THAT WE CAN INCLUDE IN OUR PROGRAMME FOR THE CHILDREN?



ARE THERE ANY FEARS OR WORRIES THAT MAY CAUSE DISTRESS IN YOUR CHILD?

TODAY'S DATE:
SIGNATURE:

THANK YOU FOR YOUR HELP IN COMPLETING THESE NOTES WHICH WILL FORM ONE VERY USEFUL HOME TO PLAYSCHOOL CONTACT.