



# Profile

Child's name: . . . . . Childs date of birth: . . . . .

Family e.g. brothers/sisters:

Likes/Dislikes - to include, food, favourite toys etc:

Does your child have any distinctive habits?





Frances Austin Memorial Hall, Back Lane, Horsmonden. Kent TN12 8NJ

**How would you describe their character?**

**What can they do now that they could not do 6 months ago?**

**Addition information that can really help us get a better picture of your child, allowing us to support their wellbeing and behaviour.**

Has your child had their 2 year check with the Health Visitor? Are there any areas of concern?

At what age did your child start to speak?

Your child's sleep pattern eg; an early riser or frequently up in the night?

Toileting issues?

Digestive problems?

Food intolerance or fussy eater?

Any health problems eg; glue ear, eye sight, physical challenges?

Registered as a Charitable Incorporated Organisation in England and Wales

Direct Line: 01892 724805

[www.horsmondenkindergarten.com](http://www.horsmondenkindergarten.com) Email: [info@horsmondenkindergarten.com](mailto:info@horsmondenkindergarten.com)

Registered Charity Number: 1168296

Ofsted Registration Number: EY546431





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**Does your child attend another setting/nursey or childminder? If yes please provide details below**

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