Childs Name

Childs Date Of Birth Date of completion

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| My Family and Friends  Names of family members and other significant people close to your child |
| I like To…  Does Your child have any particular play interests at the moment, or particular toys (s)he likes to play with? |
| Foods I like  What type of food does your child particularly like/ dislike. Does he/she have any Allergies /intolerances? |
| What I will like about Funky Monkeys  What do you think your child will like about coming to Funky Monkeys? |
| Things that worry me  Does your child have any particular fears, worries or dislikes we should know about? |
| Any further information  Is there any other information you would like us to know in order to help your child settle and be happy? |