



All About Me

My name is _____ and nickname is _____.

I am _____ years old and my birthday is on _____.

I live with Mom, Dad, grandparents and (circle all that apply) and _____ siblings
aged _____.

My favorite food is _____ and I don't like to eat _____
_____.

Regarding my child's leftover food, I wish the following (select one):

| | |
|----------------------------------------------------------------------------------------------|--|
| All partially consumed leftover foods/drinks to be thrown and containers washed and returned | |
| All partially consumed leftover foods/drinks are to be kept and returned home | |
| Other instructions (please specify details below) | |

I am

| | |
|--------------------------------|--|
| Not yet potty trained | |
| Working on being potty trained | |
| Fully Potty trained | |

Our standard diaper changing policy is checking the diaper every 2 hours and only changing if the diaper is wet or dry. The child is washed with water and dried with tissue. Please provide specific instructions or considerations if you have other requirements:

I need a nap during the day. ☐

I like to sleep from _____ to _____.

Specific considerations (needs a specific toy to help fall asleep, etc.) _____

I like to play with _____

My favorite activity is _____

Dietary Restrictions or Preferences:

- ☐ No dietary restrictions.

- Specific dietary restrictions or preferences: _____

Arabic and Islamic Studies:

I will join Arabic classes. (please write **yes** or **no**) _____

I will join Islamic classes. (please write **yes** or **no**) _____

I, the undersigned, confirm that the information provided in this Child Profile Form is accurate and up to date. I understand the importance of promptly informing the nursery of any changes to the provided information.

Parent/Guardian Signature: _____

Date: _____