



**THE CARDINAL VALLEY**  
NURSERY

## ALL ABOUT ME FORM

We are keen to find out more about your child and his / her favourite things, likes and dislikes. Kindly fill this form and include it with the Enrollment Forms.

- + The preferred name, or nickname for your child: \_\_\_\_\_
- + Has your child ever attended a nursery or community play group?  Yes  No
- + If so, for how long? \_\_\_\_\_
- + Did you feel it was a positive experience for your child?  Yes  No
- + Please share why \_\_\_\_\_
- + Please list the names and ages of siblings:  
\_\_\_\_\_  
\_\_\_\_\_
- + Where does your child come in the chronological sibling order?  
 First born:  Middle:  Youngest:
- + Please list your child's main carer: \_\_\_\_\_
- + If you, who is your child's main carer in your absence? \_\_\_\_\_
- + Please list the people who live with you and your child at home:  
\_\_\_\_\_  
\_\_\_\_\_
- + What does your child prefer to use as a 'comforter'?  
\_\_\_\_\_
- + Does your child have special words to express own needs? If so, please list the main ones:  
\_\_\_\_\_  
\_\_\_\_\_
- + Is there anything in particular that your child does not like or is afraid of?  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate with (√) if your child can help themselves with;

- |                             |                                  |  |   |
|-----------------------------|----------------------------------|--|---|
| + Eating and drinking:      | Not yet <input type="checkbox"/> | with assistance <input type="checkbox"/> | independent <input type="checkbox"/>          |
| + Sitting without support:  | Not yet <input type="checkbox"/> | with assistance <input type="checkbox"/> | independent <input type="checkbox"/>          |
| + Standing without support: | Not yet <input type="checkbox"/> | with assistance <input type="checkbox"/> | independent <input type="checkbox"/>          |
| + Indicating to pass urine: | Not yet <input type="checkbox"/> | with gesture <input type="checkbox"/>    | independent w/ words <input type="checkbox"/> |
| + Indicating to pass stool: | Not yet <input type="checkbox"/> | with gesture <input type="checkbox"/>    | independent w/ words <input type="checkbox"/> |

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- ✚ Requesting needs:                      Not yet     with gesture        independent w/ words
- ✚ Washing hands:                         Not yet     with assistance     independent
- ✚ Brushing teeth:                          Not yet     with assistance     independent
- ✚ Putting on socks:                         Not yet     with assistance     independent
- ✚ Putting on shoes:                        Not yet     with assistance     independent
- ✚ Tidying up toys:                        Not yet     with assistance     independent

**ALL ABOUT YOUR CHILD FORM**

Is there any other information you feel is relevant to helping your child settle in to nursery? Please feel free to share with us;


Signed: \_\_\_\_\_

Date: \_\_\_\_\_