



Child Profile (Bunnies)


Child Information

Full Name: _____

Date of Birth: _____

Gender:

Male 

Female 

Other information

Does your child use nappies/toilet/potty?

Yes No

Have you received a parent's handbook?

Yes No

What time does your child wake up in the morning?

.....

Are there any brothers or sisters at the nursery

.....

Any friends at the nursery?

.....

Favourite toys:

.....

Favourite story:

Any personal favourites e.g. Security blanket, doll, cup, pacifier?

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Are there any dietary requirements you would like us to observe?

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Additional comments

Thank you for taking the time to provide us with this information. 

Parent's Signature: _____

Date: _____