



Child's Social Information Details

Name of Child : _____

DOB / Birth Certificate No : _____

The following information are answered as detailed as possible to enable the teachers and staff to know my child better:

1. Favourite toys and activities are:	
2. Favourite food:	
3. Eating Habit:	
4. Allergy to food:	
5. Allergy to medication:	
6. Sleeping pattern:	
7. Toilet training:	*Yes/No
8. Child's personality:	
9. Parents' method of discipline:	
10. Behaviour to note:	(e.g. Terms used at home for toileting, sleeping etc)
11. Biological parents are:	*living together/separated/divorced? (please delete accordingly)

Name and Signature of Parent(s)
NRIC:

Date