

# Tabatinga OOSH



## ~ Enrolment ~ Getting to Know You ~

We look forward to getting to know your child and would very much appreciate you taking time to complete this form.

Child's name: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

What do you prefer to be called: \_\_\_\_\_

Favourite things: \_\_\_\_\_

Favourite colour: \_\_\_\_\_ Favourite book/s: \_\_\_\_\_

Favourite toy/s: \_\_\_\_\_

I am good at (e.g. sport, dancing): \_\_\_\_\_

\_\_\_\_\_

I like to: (tick all that apply)

Listen to stories       Draw and colour

Play alone       Play with others

Play outside       Play quiet games

Go to friends house       Play make-believe

What do you like to do for FUN outside of school?

\_\_\_\_\_  
\_\_\_\_\_

I don't like to:

\_\_\_\_\_  
\_\_\_\_\_

I would like you to know this about my child:

\_\_\_\_\_  
\_\_\_\_\_

My child learns best by:

\_\_\_\_\_  
\_\_\_\_\_

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Any holidays your family does not celebrate? Are there any languages (other than English) spoken at home?

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Sensory Needs (sensitive to noise, does not like to be touched, etc)

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Common Cause for Emotional Triggers/Shutdown:

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Food Allergies and Their Associated Reactions: (not special diets, please write these down on next item)

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Dietary Restrictions: (preferred diet, but will not cause harm, these diets will be followed, I just need to know what will/will not harm them)

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