



The Merton Primary School  
*To be the best we can be.*

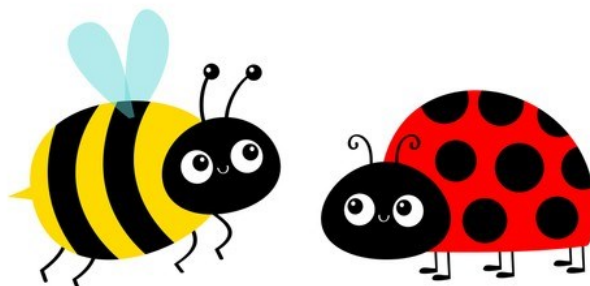
# Welcome to The Merton Primary School

We hope you are excited about your first day of school!

Please ask a grown up to help you to fill in the booklet so that we can learn a little more about you. Please bring it with you to your **taster session in June.**

We are really looking forward to seeing you!

From Mrs Edwards/Miss De Blasio  
and the EYFS Team



Please ask your child to have a go at writing their name.

A large, empty rounded rectangular box with a thick blue border, intended for a child to write their name.

Please ask your child to draw a picture of themselves and their family (please annotate the picture).

A large, empty rounded rectangular box with a thick pink border, intended for a child to draw a picture of themselves and their family.

**Share the questions on the next page with your child. Encourage them to draw/make marks. Annotate/label their responses underneath.**

# All About Me!

My favourite toys and  
games are:

My favourite books and  
stories are

This is a photo of me.

My favourite songs and  
rhymes are:

My favourite food is:

My favourite colour is:

# All about me!

At The Merton Primary School we like to get to know all about each of our children and what makes them special! Please tell us all about your child. This could include family members, pets, interests, favourite toys, food dislikes, etc.

**Please return this form to Mrs Edwards / Miss De Blasio when you come to visit us.**

Child's name \_\_\_\_\_ Known as \_\_\_\_\_

Name of Nursery/Pre-school: \_\_\_\_\_

How many sessions/hours per week: \_\_\_\_\_

At what ages did you child: Crawl: \_\_\_\_\_

Walk: \_\_\_\_\_

Talk: \_\_\_\_\_

*Please give further details if necessary:* \_\_\_\_\_

Is there any family information that might be useful for us to know?

(dyslexia, eye sight/hearing concerns/ bereavement/ living arrangement etc)

Does your child have any phobia, strong dislikes, or anything that makes them anxious?

Does your child have a dominant hand (left/right)? \_\_\_\_\_

Does your child use the toilet independently, including being able to wipe their bottom?

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Can your child dress/undress independently? \_\_\_\_\_

Can they fasten/unfasten buttons/zips? \_\_\_\_\_

Who lives in the family home (including pets)? \_\_\_\_\_

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Please tell us your child's favourite:

Toys: \_\_\_\_\_

Activities: \_\_\_\_\_

Friends: \_\_\_\_\_

Does your child have any medical/behaviour/SEN needs that we should be aware of?

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Do you feel your child has been effected by Covid-19 (socially, speech, communication etc)?

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Is there any other information that you would like to share with us about your child?

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**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_