

# CHILD PROFILE

**Child's Name:** \_\_\_\_\_

**Name child would like to be called at school** \_\_\_\_\_

**Child's Age** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Name and ages of other children in your family** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's previous school experiences**  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child right or left handed?** \_\_\_\_\_

**Please List ALL allergies to food or materials:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any NEW problems, needs or fears, and any other information that will give me a better understanding of your child and his/her needs:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father's Name** \_\_\_\_\_  
**Address (if different from child)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Home**

**Work**

**Cell**

**E-mail Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address (if different from child)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Home**

**Work**

**Cell**

**E-mail Address** \_\_\_\_\_

**May I call a parent at work if necessary?** \_\_\_\_\_

**Is there anyone who is not allowed to pick up your child(ren) from school?**

\_\_\_\_\_

**What will be your child's mode of transportation home from school?**

\_\_\_\_\_

**Name and phone number of childcare provider or daycare facility:**

\_\_\_\_\_