

Child's name \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

Nickname? \_\_\_\_\_

Child's siblings \_\_\_\_\_

Please indicate who lives at home with your child:

\_\_\_\_\_

Health History:

Does your child have any health issues or concerns I should know about?

Allergies?

Dietary Restrictions?

Play:

Child's favorite activities:

Least Favorite activities:

Any special information you would like me to know about your child?

I give permission for my child's photo to be used for preschool projects. Yes \_\_\_\_ No \_\_\_\_

email address: \_\_\_\_\_