

# All About Me

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Nickname or preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

## Family

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Siblings-Names/Ages: \_\_\_\_\_

Pets-Name/Type: \_\_\_\_\_

Special toy I like at home: \_\_\_\_\_

Food likes: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Any food allergies? \_\_\_\_\_ Eating problems? \_\_\_\_\_

## Other Information We Should Know

Does your child have any special problems or fears? \_\_\_\_\_

Is there any other information you feel we should know? \_\_\_\_\_

\_\_\_\_\_

Please list any special instructions on the care of your child below:

\_\_\_\_\_

\_\_\_\_\_

Please write the names of those authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_