

Student's Profile (Only Children's House & Toddlers) 2020-2021

Student's Information:

Surname: _____ First Name: _____ Middle: _____

Date of Birth (DD/MM/YYYY): _____ Gender: Female / Male

Allergies: _____ Anaphylactic: _____

Symptoms: _____

Dietary Restriction: _____

Language spoken at home: _____

Language Skills: _____

Social and Emotional needs: _____

Eating habits: _____

Nap routine: _____

Toileting routine: _____

History of communicable diseases: _____

Is there any physical activity that the child should not participate: _____

Has your child attended a child care before? _____

Any additional information: _____

Mother's Name: _____ Signature: _____ Date: _____

Father's Name: _____ Signature: _____ Date: _____