



STUDENT PROFILE SHEET

Child's Name _____ Sex _____ Date of Birth _____
Last Name First Name

Address _____

Phone _____

Brother's/Sister's Name _____

My child doesn't like the following foods: _____

Does your child have any allergies? Yes _____ No _____

If yes, what are they? _____

My child is not allowed to have or is allergic to the following foods or drinks:

My child enjoys (interests) _____

My child doesn't like to participate in the following activities: _____

Special Requests _____

Restrictions _____

Use this space below to provide us with any further information you feel will help us in working with your child.

