



**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_