

Student Biography/Allergy Form

Child's full name _____ Name he/she goes by _____

Parent's E-mail Address _____

Child's favorite pastime _____

Child's favorite toys _____

Does child spend most of his/her time alone? _____ With adults _____
With other children? _____

What does the child do at home to help? _____

Does child have a pet? _____ Kind and name _____

Who are the most frequent visitors in the home? _____

Does your child enjoy music? _____ Outside Play? _____

What special experiences has the child had such as: trips this summer, riding a pony, visiting family, trucks, insects, etc?

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SPECIAL INFORMATION:

Any known Allergies: _____

Does the child have asthma: _____ Treatment suggestions: _____

Are there any concerns with negative attitude, feeling of insecurity, scared of something, desire to have a lot of attention:

Behavior Habits: biting nails, finger sucking, tantrums, biting, etc?

Are there any concerns with speech or developmental delays? _____

Toileting Habits: _____

Eating Habits/Favorite Foods: _____

Other information that a teacher may need to know: _____
