



CHILD INFORMATION

First Name: _____ Nickname (if any): _____

Last Name (if different than registering parent/s): _____

Date of Birth: ____ / ____ / ____ Sex: ____ Hgt: ____ Wgt: ____ Eyes: ____ Hair: ____

List ALL major illnesses your child has had to date: _____

Describe ALL existing medical conditions: _____

List all allergies (food, medicine, bee stings, etc.): _____

Describe any known dislikes, fears, or phobias: _____

Describe any unusual and/or abnormal toilet habits: _____

How would you describe your child's general health (i.e. prone to colds, ear infections, etc.): _____

What information, if any, do you feel we should know in advance to properly care for your child: _____

Please evaluate, as best you can, your child's personality: _____

NOTE: This form will be included in your child's "Pass-Along Portfolio" and will be revisited annually to add new information, as needed.