



# About your Child

Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Birthday \_\_\_\_\_

Health Concerns/Conditions \_\_\_\_\_

Known Allergy \_\_\_\_\_ Protocol \_\_\_\_\_

Known Allergy \_\_\_\_\_ Protocol \_\_\_\_\_

Food Sensitivities \_\_\_\_\_

Please circle the foods your child is **able** to have: (possible classroom snacks)

Pretzels      Goldfish      Graham Crackers      Apples      Popcorn

Is your child able to have baked goods for birthday/school celebrations? \_\_\_\_\_

\* Would you like to be informed about these celebrations in advance? \_\_\_\_\_

Previous School \_\_\_\_\_

Important information you would like me to know about your child:

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

## Contact Information

Mom's Name \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Name \_\_\_\_\_

Dad's Email \_\_\_\_\_

Emergency Contact: (Name and Number)

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