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:________________________________
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