## **Child Information**

Child's name:	
Parent/Guardian's name:	
Allergies (food/medication/bee-stings)	
Is there a custody issue concerning this child? (If yes please include appropriately custody order)	priate documentation
Siblings (include ages, names and male or female)	
Primary Language:	
Sleeping schedule:	
Toilet schedule:	-
Special needs/interests:	
School attending:	
Does your child have any conditions that would limit their daily activities?	Yes or NO
Any other information that would be helpful to your child's Teacher's	