Child Profile for the Teacher



1.	Student Name:	Preferred Name:	
	Sex: M F Date of Birth:	Home Phone:	
	Home Address:	City:	State: Zip:
2.	Daront/Guardian (1).	Fmaile	
۷.	Parent/Guardian (1):		
	Home Address:		
	Cell #:Home #:	Workplace:	Work #:
3.	3. Parent/Guardian (2): Email:		
	Home Address:	City:	State:Zip:
	Cell #:Home #:	Workplace:	Work #:
4.	With whom does your child primarily live? (Ple	ease list):	
5.	Does your family speak a second language?		
6.	Please list the daycare centers, preschools, or f	family home care your child ha	s attended and dates attended:
7.	Please list any food allergies that your child ha	as and notate how severe they a	are:

Child Profile for the Teacher continued

8.	Does your child have any special needs such as physical impairments, speech difficulties, learning disabilities,				
	behavioral disorders, developmental delays, or any other conditions that the teacher should be aware of?				
	Please explain (or discuss with your child's teacher confidentially):				
9.	Has your child had the opportunity to play or associate with other children? What ages did they associate with?				
10.	10. The students will be photographed while at school. Do we have your permission to use any pictures taken of				
	your child for public viewing at school (like a bulletin board), for school newsletters, promotional flyers, local				
	newspaper articles, our website, or television?				
11		1.21			
11. Please check any characteristics that describe your child:					
	Easily angered	Active/energetic	Easily distracted		
	Patient	Shy/quiet	Focused		
	Respectful/listens well	Independent	Argumentative		
	Controlling/bossy	Reserved	Emotional		
	Friendly	Talkative	Cautious		
12. What else would you like us to know about your child?					
4.5					
13.	What are your expectations for your child at Beautiful Savior Lutheran School?				