CDI Preschool Child Profile

Childs Name	DOB		
Address	Phone		
Email	Mobile Phone		
Mother's Name	Work Phone		
Occupation/Place of Employment			
Father's Name	Work Phone		
Occupation/Place of Employment			
People living at home with your child			
Age of Siblings			
Family Pets			
Allergies			
Favorite Activities			
Fears or Dislikes			
Has your child attended other programs?			
Describe your child in 5 adjectives			
Briefly describe what your expectations are of the prog	gram.		

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s there anythin	g else you want	t to share wit	h us regarding	your child?	

accessible only to the CDI Preschool Staff & Director.