



Child Profile Form

Teacher/Class/Days Attending _____ School Year _____

Child's Preferred Name: _____ Birthday: _____

Parent Name 1: _____ Phone Number: _____

Parent Name 2: _____ Phone Number: _____

Allergies: _____

Names and Ages of Siblings: _____

Family Pets: _____ Child's Special Interests: _____

Any Concerns: _____

Other Information: _____

Emergency Contact List IN ORDER to Call

Order to Call	Name	Relationship to Child	Phone Number	Authorized Pick Up (Yes or No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Please return this form to your child's teacher. Contact, Alice Light at alight@spres.org or call the preschool office at (540) 342-6405 extension 1, for any reason.