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CHILD PROFILE

Child Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Height \_\_\_\_Ft \_\_\_\_In Weight \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Birthmarks: \_\_\_\_\_

Does child have an attorney? Name \_\_\_\_\_

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Day Care / School Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health:

Excellent  Fair  Poor

If poor, please describe. Include descriptions of any special needs: \_\_\_\_\_

Any medical problems that professional monitor should be made aware of? \_\_\_\_\_

Allergies: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

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