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 pro	gram.	

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there anything el	se you want to	share with us reg	garding your child?	
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accessible only to the CDI Preschool Staff & Director.