



Best Friends for Kidz Child Information Sheet

All About Me!

My name is _____ (child's first and last names) and I am _____ years old.

Most people call me _____ (child's nickname or first name only)

My Birthday is _____. I have _____ siblings.

I eat: Good Fair Poor

Explain: _____

I am allergic to _____

(Please make sure that you have a medical form about allergy on file in the front office. Please see an administrator for required form.)

I am _____ Potty trained _____ Potty training _____ in pampers or pull up

Things I really like / like to do _____

Things I do not like / or that make me scared _____

Some things my mom would really like for me to work on _____

_____ I give my child permission to have store brought snacks for parties at BFF Kidz.

_____ I give consent for my child to participate in developmental screenings and assesments.

_____ **I agree to have all my child's items will be labeled daily** and that my child will not bring outside toys or electronics that they cannot be responsible for.

Please write anything else you would like for us to know about your child on the bottom of this page and on the back.

