Learning Leaf Child Development Center
A Loving Place to Learn & Grow

All About Me

Child's Full Name: _____

Child's Nickname: _____

Date Completed: _____

Date of Birth: _____ Sex: _____

Complexion: _____ Hair Color: _____

Hair Length: _____ Eye Color: _____

Glasses/Contacts: _____

Height: _____ Feet _____ Inches Weight: _____

Child's Photo Goes Here

Home Address/Telephone:

_____

Parent/Guardian Names:

_____

_____

Parent 1 Place of Employment: _____

Cell Phone: _____

Parent 1 Address: _____

Home Phone: _____

Parent 2 Place of Employment: _____

Cell Phone: _____

Parent 2 Address: _____

Home Phone: _____

Hearing Aid: _____ Brand: _____

Other Distinguishing Marks (Scars, Birthmarks, Etc.):

_____

Blood Type: _____

Allergies: _____

Pre-existing Conditions: _____

Medications: _____

Doctor's Name/Phone: _____

Favorite Foods: _____

Favorite Toys: _____

Favorite Activities: _____

Do I Like to Nap? _____

Is there anything else we should know?