



Give your child  
something that will  
last a lifetime

University  
for Kids  
Campuses

Ⓞ **Capitol Hill Campus**

728 F St NE  
Washington, DC 20002  
Center (202) 544-4544

Ⓞ **H Street Campus**

806 H St NE  
Washington, DC 20002  
Center (202) 853-9144

Ⓞ **Capitol Riverfront Campus**

1550 1st. Street SE  
Washington, DC 20024  
Center (202) 853-9144

## Child Profile

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

First

Middle

Last

Parent's Marital Status:

Married    Single    Divorced

In case of EMERGENCY contact:

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

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

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other Members in the Household: \_\_\_\_\_

Who will deliver your child to school? \_\_\_\_\_



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## Health Profile

Does your child have any allergies? \_\_\_\_\_

If yes, do you consent to us posting notification of your child's allergy visibly in each classroom for every teacher to be informed at all times?

Yes (recommended)     No

Is your child covered by hospitalization and/or accidental insurance?

Yes     No

Name of Carrier

Policy No.

What was the date of your child's last physical exam? \_\_\_\_\_

What are your child's food likes? \_\_\_\_\_

What are your child's food dislikes? \_\_\_\_\_

Does your child have any physical or emotional disabilities? \_\_\_\_\_

Yes     No    *Please explain* \_\_\_\_\_

Does your child have any disease or other health conditions? \_\_\_\_\_

Yes     No    *Please explain* \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_



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## Behavior Patterns

What is your child's nap routine? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

Does your child have any particular fears we should know about? \_\_\_\_\_

How do you reward or discipline your child? \_\_\_\_\_

\_\_\_\_\_

What would you like the teachers to know about your child's behavior or personality?

\_\_\_\_\_

## OTHER INFORMATION

Name of Your Child's Previous School

Any Additional Comments \_\_\_\_\_

\_\_\_\_\_