

Date: _____

CCBC Student Profile

Child's first, middle and last name _____ DOB _____ Sex _____

What name do you prefer us to use in school and in the handbook? _____

Parent 1 name _____ Address _____

Phone home _____ work _____ cell _____

Occupation and Employer _____ E-mail _____

Work Address _____

Parent 2 name _____ Address _____

Phone home _____ work _____ cell _____

Occupation and Employer _____ E-mail _____

Work Address _____

Marital Status _____ Single _____ Married _____ Separated _____ Divorced

Names and ages of siblings:

If other than the parents, who cares for your child after school?

List two contacts outside the Washington area in case of emergency:

1. _____ Phone _____

Cell Phone _____ E- Mail _____

2. _____ Phone _____

Cell Phone _____ E- Mail _____

Language(s) spoken at home _____

Is this your child's first school experience? _____ Yes _____ No

Is your child toilet trained? _____ Yes _____ No _____ In the process

List any allergies, chronic conditions or medical history we should be aware of?

What are your child's favorite things to do at home? Are there any special songs, books or games you share together? Do you have any pets?

Does your family celebrate any holidays or follow any traditions you would like us to know about?
