

WWW Student In-take form

Name: _____

Date of Birth: _____

Siblings and ages: _____

Parents: _____

Contact information:

Name	Number	Relationship to Student

Allergies: _____

-

Medications/Amounts/Times Taken:

Favorite Foods/Snacks:

What things does your child like?

Favorite Movies/ TV Shows:

What things upset your child?

How do you comfort your child if they get upset?
