



Oak Brook School

family owned since 2001

Let Me Tell You About My Child!

Children's Name: _____ Date of Birth: _____ Age: _____

Allergies: _____

Mom's Name: _____

Dad's Name: _____

I live at home with my: (check all that apply) Mom Dad Step-Mom Step-Dad

Grandma Grandpa Other _____

Potty Training: (check all that apply) I wear diapers I wear pull-ups I wear big-kid underwear

I always need a reminder I sometimes need a reminder

Eating Habits: I eat everything all of the time I sometimes eat I am a picky eater

I have _____ siblings!

Their name is: _____ (circle one) Sister/Brother Age: _____

Their name is: _____ (circle one) Sister/Brother Age: _____

Their name is: _____ (circle one) Sister/Brother Age: _____

A few of my favorite things...

My favorite color is: _____

My favorite song is: _____

My favorite book to read is: _____

My favorite food: _____

Office Use Only:

Classroom: _____

Teacher's Names: _____

Start date: _____