

**Children's Circle**  
**MDO Personal Profile Sheet**  
(Please complete at Mini Day and give to teacher)

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

My child prefers to be called \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip code)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

The best way to contact me is by: (please circle) Email Home phone Work phone Cell phone

Please list three people, other than parents, who we may call in an emergency and are authorized to pick up your child at school. If more than three are available please use side margin.

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

List any medical problems: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_  
\_\_\_\_\_

If there are custody concerns we should be aware of, please explain.

List several of your child's favorite activities, such as songs, characters Example: Barney or Elmo, books, dancing etc.

What is your child's lunch routine? Example: Bottle with lunch, just started using a cup, uses a fork or spoon, feeding themselves.

What is your child's nap routine? Please include times and what he/she likes to nap with.  
Example: pacifier, teddy, blanket, etc.

Are there any "baby talk" words your child uses that we should know?  
Please list:

Is there anything else you would like us to know about your child?

If your child is crying, how can we console him/her? At what point do you want to be called?