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

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

Does your child have a nickname? Y \_\_\_ N \_\_\_ If yes: \_\_\_\_\_

What name would you like me to call your child? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Favorite Activities: \_\_\_\_\_

\_\_\_\_\_

Favorite Toys: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

\_\_\_\_\_

Favorite Books: \_\_\_\_\_

\_\_\_\_\_

Any Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_