



Lagniappe Montessori &  
Children's Center

All About Me/ After School Enrichment

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

**Identifying Information:**

eye color: \_\_\_\_\_ hair color: \_\_\_\_\_ identifying marks: \_\_\_\_\_

**General:**

Does your child have any allergies? If so, please list.

---

---

---

Does your child dislike any particular foods?

---

---

---

Does your child have any particular fears?

---

---

---

Does your child have any special needs that we should be aware of?

---

---

---