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**CHILD'S PROFILE**

Child's Health / Medical Needs: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Child's Medication: \_\_\_\_\_

Describe any medical, physical, psychological, behavioral and/or other needs, conditions or concerns about the child that would assist the school & staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Religious Preference (optional): \_\_\_\_\_ Child's Ethnic Origin (optional): \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Siblings: \_\_\_\_\_

Name	Age	School / Program Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was child adopted: YES NO If yes, at what age: \_\_\_\_\_

Child's Spoken Language(s): \_\_\_\_\_

Child's Daily Routine: \_\_\_\_\_

Child's Responsibilities at Home: \_\_\_\_\_

Child's Interests / Hobbies / Sports: \_\_\_\_\_

Does Child Play a Musical Instrument: YES NO How Long: \_\_\_\_\_

If yes, which instrument is played: \_\_\_\_\_

Time Spent Watching Television/Movies/Videos: \_\_\_\_\_  
Daily Amount Weekly Amount

Time Spent on Computer / Playing Electronic Games: \_\_\_\_\_  
Daily Amount Weekly Amount

Please describe your child's learning style, disposition, personality and any other characteristics that would assist the school in best supporting the child while in school:

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**EDUCATIONAL PROFILE**

How did you come to know about TCA? \_\_\_\_\_

What are your interests / reasons for choosing TCA? \_\_\_\_\_

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Has child ever repeated or skipped a grade?

YES NO If yes, please explain: \_\_\_\_\_

Has child ever been suspended, expelled or asked to leave another school / program?

YES NO If yes, please explain: \_\_\_\_\_

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