

E.S.S. STUDENT PROFILE

Date:		
Child's Name:	Age:	Grade:
Parent's Name:		
Child's Likes/Dislikes:		
Fears/Concerns:		
Favorite Activities (interests, skills, talents, hobbies):		
Effective techniques when child is upset:		
Previous before and/or after school services or programs:		
Special Needs, if any (physical, medication, food allergies or diet restrictions):		
Any other helpful information:		
Expected E.S.S. Use:	Before school arrival time:	
	After school pick up time:	
	Summer hours:	
	Proposed start date:	