



# \_\_\_\_\_'s Student Resume

## Family:

Mom: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Dad: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

I live with: \_\_\_\_ Both Parents \_\_\_\_ Mom Primarily \_\_\_\_ Dad Primarily \_\_\_\_ Other \_\_\_\_\_

My siblings (name/age): \_\_\_\_\_

I also live with (name/relation): \_\_\_\_\_

I also have a pet (name/type): \_\_\_\_\_

I speak a second language at home: \_\_\_\_\_

## Sleep:

My bedtime routine is: \_\_\_\_\_

At night, I go to bed at: \_\_\_\_\_ pm. In the morning, I wake up at: \_\_\_\_\_ am

My nap schedule (how many, start time, length): \_\_\_\_\_

## Preferences:

I would prefer that my teachers & peers call me \_\_\_\_\_ at school.

My favorite foods are: \_\_\_\_\_

My least favorite foods are: \_\_\_\_\_

I like to be comforted by: \_\_\_\_\_

My top 3 LIKES: \_\_\_\_\_

My top 3 DISLIKES: \_\_\_\_\_

## About Me:

I am ☐ more outgoing ☐ more reserved \_\_\_\_\_

My parents would like me to learn: \_\_\_\_\_

I have these special needs, allergies, and/or sensitivities that you should know about? \_\_\_\_\_

Who should we contact first in case of emergency or illness? \_\_\_\_\_

My other child care experiences (program/location/experience)? \_\_\_\_\_

My parents would also like you to know: \_\_\_\_\_