



St. Clement's Early Learning School

Child History Form For International Applicants

Please complete the following form to help us get to know your child better.

Child's Name: _____

Date of Birth (YYYY/MM/DD): _____

First Language: _____

Other Languages: _____

Last School Attended: _____
Name of School

Country / City

Did your child receive special programming at the previous school? _____

If YES, please describe (speech, occupational therapy, etc.): _____

Please tell us about your child's...

LIKES: _____

DISLIKES: _____

EATING HABITS: _____

SLEEP/NAP ROUTINE: _____

Please feel free to share any other information.
