



School for Holistic Development
of Children with Autism

Promoted by Roshinipriya Charitable Trust

2/594 Singaravelan Salai ~ Chinna Neelankarai

Chennai 600041 ~ Tel (44) 24494588

www.chrysalis.org.in ~ email: rekhasupriya@chrysalis.org.in

Name of child :				
Nickname, if any :				
Date of birth :				
Age :				
Sex :				
Father's Name :	Mother's Name :			
Occupation :	Occupation :			
Office Phone :	Office Phone :			
Mobile :	Mobile :			
Residence Phone :				
Address :				
Annual Income :				
Siblings :				
S. No	Name	Age	Class	Special needs if any
1.				
2.				
Type of family :	Joint / Nuclear			
In case of emergency, contact person and number :				
Transport facility required : Yes / No				
Signature :				

CHILD PROFILE

Mother tongue	:		
Languages Known	:		
Likes			
Colour			
Drink			
Food			
Person			
Toy			
Song			
Dislikes			
Colour			
Drink			
Food			
Person			
Toy			
Song			
Consulting Paediatrician with address :			
Medications, if any			
S. No.	Name	Dosage	Time

Allergies, if any :

Medical problems, if any : (Seizures / Any other)

Communication Skills :

Reading Skills :

Writing Skills :

School attended : Yes / No

If yes, School Name :

Class :

Additional Information :

Why did you choose to come to Chrysalis? What are you expectations from the School?