

Name: _____

Age: _____ Sex: _____

Assigned Elf: *Neville* _____

Bedtime: _____

Overall Behavior: _____

Interested & Likes: _____

Achievements: _____

Does Childs House Have a Chimney? ___ Yes ___ No

Does Childs House Have a Fireplace? ___ Yes ___ No

Does Childs House Assigned an Elf on the Shelf?

___ Yes ___ No

What did you name Elf on Shelf: _____

Does Child have any pets? If so type and names?

Does Child have any allergies (candy canes, etc)? ___ Yes ___ No

Does Child have any disabilities? _____

