

Welcome to Kindergarten!

Please help me to know your child better. **Complete and return this document at Kindergarten Orientation.**

BASIC INFO

Child's legal name _____

First name to be used at school _____ Birthday _____

Child has attended preschool _____ Where? _____ When? _____

Allergies/Special medical needs _____

Do you have any of the following concerns with your child?

Vision _____ Speech _____ Hearing _____ Language _____

Brothers/Sisters names and ages _____

We do not celebrate these Holidays _____

PARENT INFO

Parent (s) name(s) _____

Parent(s) place of employment _____

Parent Communication (complete all sections):

Phone (W): _____

Phone (C): _____

Phone (H): _____

Best Phone # to reach you during the day _____

Parent(s) E-mail _____

Student lives with: Both parents mother father grandparents

Step-mother Step-father foster parents other _____

Other important information about your child and your family: (use back if needed) _____

