



KINDERGARTEN INFORMATION SHEET



Child's name: _____ Prefers to be called: _____

Child's address: _____ Birthday: _____

Parent/Guardian #1: _____
(relationship and last name, if different from child's)

Home Phone: _____

Work Phone: _____

Job/Place of employment: _____

Is it okay to receive calls at work: _____

Cell phone _____

Email address _____

*Please put a * by the best way for me to reach you to communicate with you about your child.*

Parent/Guardian #2: _____
(relationship and last name, if different from child's)

Home Phone: _____

Work Phone: _____

Job/Place of employment: _____

Is it okay to receive calls at work: _____

Cell phone _____

Email address _____

*Please put a * by the best way for me to reach you to communicate with you about your child.*

Child lives with (check all that apply) mother father
 grandmother other: _____

Child's siblings and grade levels/ages:

Name:	Age:	Grade/School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over, please)

Important medical information/allergies: _____

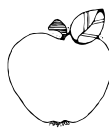
How will your child be transported to and from school?

_____ Bus

_____ Daycare Vehicle. Name of Daycare and phone number _____

_____ Car. Name & phone number of driver (if other than a parent) _____

_____ Walking. Names and grade levels of with whom they will walk (if other than parent)



TELL ME MORE ABOUT YOUR CHILD



My child's interests and/or hobbies include _____

Something my child is very successful at _____

Something my child has had trouble with _____

My child's special qualities include _____

My child approaches learning (check all that apply):

___ with excitement

___ with curiosity

___ with reluctance

___ with confidence

___ with anxiety

___ without interest

Other comments you'd like to share about your child and their learning: _____

Goals for my child in Kindergarten: _____

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT! IT WILL REALLY HELP ME GET A JUMP START ON GETTING TO KNOW YOUR CHILD.