



Student / Family Information

Child's Name _____ Class Color _____

Name or nickname we should use _____

Name your child should be taught to write _____

Child's previous group experiences _____

Medical restrictions or problems that we should be aware of _____

Example: chronic ear infections, vision or hearing problems, recent broken bones, allergies, etc.

Snack concerns _____

Things that upset or scare your child _____

Example: clowns, loud noises, bugs, thunder storms, etc.

Child's special interest _____

Person generally transporting your child to school _____

Person generally picking up your child from school _____

Parents' occupations _____

name

occupation

name

occupation

Special skills or interests you would be willing to share _____

Example: sewing, carpentry, fixing things, cleaning, juggling, caring for pets, firefighter, etc.

People residing in your child's home _____

Example: "mom, dad, grandma, 2 sisters" or "dad, stepmom, brother"

Siblings _____

name

age

name

age

name

age

name

age