

Kindergarten Information Form

Child's Full Name: _____

Child's Full Birthdate: _____

Medical or Allergy Concerns: _____

Father's Name: _____

Father's Address: _____

Workplace: _____

Cell Phone Number: _____

Work Number: _____

Parent Email: _____

Mother's Name: _____

Mother's Address: _____

Workplace: _____

Cell Phone Number: _____

Work Number: _____

Parent Email: _____

If you cannot be reached, please list the name and phone numbers of your daycare if applicable and at least two other emergency contact people.

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

After School Plans:

Bus Number: _____ Days Attending Kid's Company: _____

Picked up by: _____ Walking to/with: _____

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Please list all of the adults living in your child's household:

Name	Relationship
_____	_____
_____	_____
_____	_____

Please list all of the children living in your child's household:

Name	Relationship and Age
_____	_____
_____	_____
_____	_____

Please describe any health concerns.

Please circle the programs that your child has been involved with.

Daycare ECFE/ECSE/Preschool Learning Readiness Head Start

What are your child's major strengths?

Describe your child's feelings about school.

How does your child get along with other children?

Please describe recent family changes or events. (e.g. death, divorce, new sibling, moving).

How do you feel that I can best help your child this year?

Is there anything else that would be beneficial for me to know about your child?