

Child's Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

## KINDERGARTEN INFORMATION FORM AND SESSION REQUEST

Parents, could you please answer the following questions for us so we can help your student be academically successful.

1. Did your student attend preschool? Yes      No

If yes, where did they attend preschool \_\_\_\_\_

2. How many alphabet letters does your student know?

None      Some      All

3. Does your student know most beginning sounds of words? Yes      No

4. How high can your student count? \_\_\_\_\_

5. Does your student know his basic shapes? Yes      No

(For example: Circle, square, triangle, rectangle)

6. Does your student know his basic colors? Yes      No

7. What kind of things do you want us to know about your child?

(For example: Can they sit through a story? Can they take turns?)

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We will try to accommodate session requests, however, we **cannot guarantee** session selection will be given.

AM Session

PM Session

