

Student Information

Child's Name: _____ Birthdate: _____

Address: _____

Lives with: Both Parents___ Mom___ Dad___ Other___

Mother's Name: _____ Daytime Phone: _____

Mother's Workplace: _____ Email: _____

Father's Name: _____ Daytime Phone: _____

Father's Workplace: _____ Email: _____

Babysitter or daycare: _____ Phone: _____

Attends daycare before school___ After School___ Both___

Days of the week attending daycare (circle) M T W Th F

Emergency Contacts and phone numbers:

_____ Phone: _____

_____ Phone: _____

Other Children	Age	Grade	Teacher or School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies: _____

Special Concerns/ Comments: _____

My child is looking forward to: _____

What do you hope your child will learn this year? _____

Please list your child's strengths and interests, or any concerns you may have on the back of this page. Thank you!