

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

Child's Date of Birth: \_\_\_\_\_

Email address or addresses where you would like to receive kindergarten news:

Parent(s) cell phone number(s):

*Please help us learn more about your child by filling out your child's strengths and areas for growth, both academically and socially.*

Academic	Social
Strengths:	Strengths:
Areas for Growth:	Areas for Growth:

One of the first activities in kindergarten will be thinking about what our most important hopes and dreams are for this school year. We invite you to join this activity by sharing your hopes and dreams for your child's kindergarten year in the space below.

**\*\*IMPORTANT\*\*** Does your child have any food allergies, animal allergies, seasonal allergies, etc.? Please explain below.

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