

CONFIDENTIAL STUDENT INFORMATION (for use by Kindergarten teachers)

Student's Full Name: _____

Name to be used in Class: _____

Address: _____

Phone: _____ Cell: _____

Parent Email: _____

Birthdate (DD/MM/YY) _____

Handedness: (circle one) Right Left

Parent Names: _____ Profession: _____

_____ Profession: _____

Siblings & Ages _____

Number of Adults in the home: _____ Pets (if any): _____

Other special people in your child's life: _____

Health Information

Does your child have any Health Concerns/Allergies? _____

Any Allergies that are Life Threatening? If Yes: _____

Will your child need special medicine on site? (ie. Epi-pen/Benadryl, etc.) Yes No

Specify: _____

****If YES, please contact the office to fill in the appropriate Release Forms for the Administration of Medication.**

 Please Turn Over and Fill in Side Two!

Early Learning History

Has your child been in early learning and/or childcare prior to Kindergarten? Yes No

If so, was it a: (Circle or Check One) Full Time Part Time

Name of Center _____

Type of Center: ___ Licensed center ___ Unlicensed home-based non-relative ___ Home-based relative

___ Your home relative ___ Your home non-relative ___ Family child care

Peer Interaction: ___ With Similar Aged Children ___ With Younger Aged Children ___ With Older Aged Children

Has your child attended any other classes? (church/sports/lessons _____

Have you or your child attended any parent/child centers? i.e: StrongStart, Family Resource Program etc. Please

list: _____

More Information about your child

Extra-curricular activities planned for this year: _____

What activities does your child enjoy? _____

What activities do you and your child like to share? _____

What are his/her likes and dislikes? (ie sensory or activities) _____

Do you have any other concerns? i.e. social, emotional, etc. _____

Additional information about your child that may be helpful for the teacher to know: _____
