

**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      Not sure

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?**    No      Yes      **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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_