



PLEASE COMPLETE!

Child's name _____
(First) (Middle) (Last)

What does your child like to be called? _____

Email Address: _____

Address _____
(Please include apt.#) (City) (Zip)

Child's Age _____ Birthdate _____

Mother's Name _____

Father's Name _____

Please list phone numbers for teacher to use:

Contact Mother at HOME _____

Contact Mother at WORK _____

Contact Mother by CELL _____

Contact Father at HOME _____

Contact Father at WORK _____

Contact Father by CELL _____

Grandparent(s) _____

Neighbor _____

Safety Concerns:

Are there any custody issues I should know about? ____ Yes ____ No

If yes, please explain. _____

Have court records been placed in your child's cumulative folder regarding these custody concerns? ____ Yes ____ No

Transportation:

To School (check one) ____ bus ____ car ____ walk

After School (check one) ____ bus ____ car ____ walk ____ Greenhouse

Health Concerns:

Does your child take any medications? If so, please explain. _____

Does your child have any allergies? If so, please explain. _____

I would love to learn more about your child. Please use the back
of this form to tell me about your child.

THANK YOU!!

