

A New Child Is Coming To ESS

Today's Date: _____

Child's Name & B-Day: _____

Parents Name: (Married or divorced) _____

If Divorced, Weekly Schedule for each parent: _____

E-Mail Address: {both parents} _____

Siblings Name & Age: _____

Grade, Teacher, Room # _____

Allergies: _____

Special Needs Or Behaviors we should be aware of: _____

Any Additional Information: _____

Weekly Schedule: (M-F or Irregular) _____



ESS is a cell phone-free zone please keep your phone in your car

Please initial _____ Date _____

