

Student Information

Student Name: _____ Birthdate: _____

Likes to be called: _____ Male / Female Age: _____

Address: _____

Mother's contact info

Father's contact info

Parent Guardian: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Email: _____

My child lives with: _____

Please list any siblings in other grades at the school:

Name

Grade

Teacher

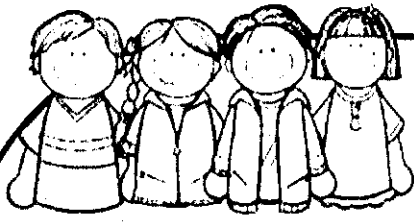
<u>Name</u>	<u>Grade</u>	<u>Teacher</u>

Transportation Home: ___ Walk ___ Parent Pick-up ___ Bus Name ___ School Program
___ Other _____

Allergies (food/medical): _____

Medications taken regularly: _____

Please notify me as soon as possible if changes occur to any of the above information.



Student Information

In the past year my child has participated in (please check all that apply):

In-home daycare (outside of your home) Commercial Daycare at _____

Preschool at _____ TK at _____

Stay at home Other _____ (please specify)

My child has previously or is currently receiving special services (check all that apply):

Counseling Physical Therapy Speech Other: _____

My child speaks _____ most of the time.

Languages my child knows how to speak in _____.

Languages my child understands when spoken to _____.

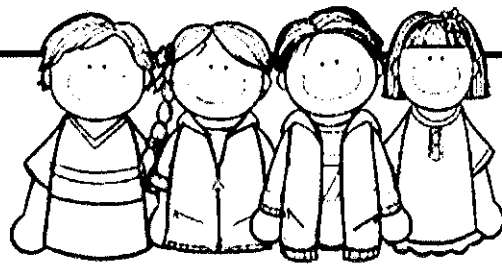
Will your child attend afterschool daycare once Kindergarten goes to Full Day?

Yes No If YES- ESS Other: _____

We are always looking for volunteers! Are you interested in volunteering? YES NO

Kinder Contact:

I would like to be contacted by email whenever possible for newsletters, photos, and other school information.



Help Me To Get To Know Your Child

Demonstrates Emerging Independence

Uses the bathroom, wipes and washes hands independently.....YES SOMEWHAT NO

Knows their first and last name.....YES SOMEWHAT NO

Can write their first (and/or last name) without support.....YES SOMEWHAT NO

Responsible to carry their own backpack including lunch and snack bags

YES SOMEWHAT NO

Self-help skills- button pants independently, take off and on sweater/jacket independently

YES SOMEWHAT NO

Large and Small Motor Skills

Uses correct pencil grip when writing..... YES SOMEWHAT NO

Can cut with scissors on a line..... YES SOMEWHAT NO

What hand do they use to write/cut?..... LEFT RIGHT

Emerging Math Skills

Recites numbers from 1-10..... YES SOMEWHAT NO

Is able to count up to: _____

Recognizes numbers 1-10..... YES SOMEWHAT NO

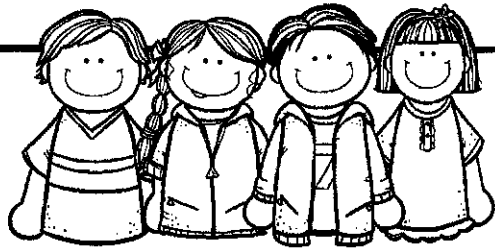
Emerging Literacy Skills

Knows the letters in his or her name..... YES SOMEWHAT NO

Recognizes upper case letters..... YES SOMEWHAT NO

Recognizes lower case letters..... YES SOMEWHAT NO

Knows sounds for each letter..... YES SOMEWHAT NO



Help Me To Get To Know Your Child

Please tell me anything else you would like me to know about your child. Hobbies, interests, strengths, difficulties, special needs, siblings, step parents' names and phone numbers, other languages spoken at home, feelings about school, friends etc. are some of the things that can help me to get to know your child.
