



Date: _____

Student Information

Class: 2's 3's 4's (circle one)

Child's Full Name: _____ Date of Birth: _____

Name Child Goes by: _____ Sex: _____

Primary Contact

____ FATHER

____ MOTHER

____ GUARDIAN

Name: _____

Occupation: _____ Employer: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Email Address: _____

Secondary Contact

____ FATHER

____ MOTHER

____ GUARDIAN

Name: _____

Occupation: _____ Employer: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Cell Phone: _____

Email Address: _____



Family Information

Bothers / Sisters: _____

Please list any other persons living with the child and their relationship, if any: _____

Who takes care of your child when you're not home? _____

Additional Information

What is your child looking forward to in the coming year? _____

Please list any concerns you wish to share with us: _____

Please list any additional information which may help us understand your child: _____
