

STUDENT INFORMATION

Child's Full Name: _____

Birth Date: _____

Nickname (preferred name) _____

Does mother/guardian work during school hours? _____

Place of Employment: _____ Profession: _____

Does father/guardian work during school hours? _____

Place of Employment: _____ Profession: _____

Do both parents live at home? _____

How will your child be transported to/from school? _____

List the names and ages of other children in your home:

Do any other family members live in your home? _____

Do you have pets (include kind and name): _____

Are there other languages spoken in your home? _____

Are there any religious holidays or traditions you would like to share with us? _____

Has your child had previous group experience? _____

Does your child play with others of similar age? _____

