

2020/2021 Kindergarten Information Sheet

Child's Full Name: _____

Prefers to be called/will practice writing: _____

Birthdate: _____ Child's Address: _____

Child lives with (circle all that apply)

Mother Father Grandmother Grandfather other: _____

Name of Parent/Guardian

#1: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Job/Place of Employment: _____

***Please put a * by the best way for me to reach you to communicate with you about your child.**

Name of Parent/Guardian

#2: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Job/Place of Employment: _____

***Please put a * by the best way for me to reach you to communicate with you about your child.**

My child has other siblings here at State Road School: Yes No

My child is the oldest/only child in our family who attends State Road: Yes No

Child's siblings and grade level/ages:

Name:

Age:

Grade/School:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child attended Preschool last year: Yes No

If yes, name of preschool and teacher: _____

I have internet access at home: Yes No

My child will eat breakfast at school: Yes No

Important medical information, including any medications and allergies _____

I am interested in volunteering in the classroom: Yes No

If yes, the best time for me to volunteer is: _____

BEFORE SCHOOL, my child will:

walk to school go to Surround Care get dropped off ride the bus

If walking to school, with whom will they walk? _____

If getting dropped off, who will drop off? (Name/Number) _____

If riding the bus, please list the bus # _____ and where they will be getting picked up (address and phone) _____

AFTER SCHOOL, my child will:

walk home go to Surround Care get picked up ride the bus

If walking home, with whom will they walk? _____

If getting picked up, who will pick up? (Name/Number) _____

If riding the bus, please list the bus # _____ and where they will be getting
dropped off (address and phone) _____

Other information I may need to know _____

Tell Me More About Your Child

What does your child like to be called? _____

What does your child do during free time at home? _____

Does your child have any special learning concerns or strengths? _____

My child's interests and/or hobbies include _____

Something my child is very successful at _____

Something my child has had trouble with _____

My child's special qualities include _____

My child approaches learning (circle all that apply):

with excitement

with curiosity

with reluctance

with confidence

with anxiety

without interest

Other comments you'd like to share about your child and their learning: _____

Goals for my child in Kindergarten: _____

Does your child have any special health requirements?

THANK YOU FOR TAKING THE TIME TO FILL THIS OUT! IT WILL REALLY HELP US
GET A JUMP START ON GETTING TO KNOW YOUR CHILD!