

Help Us To Know Your Child

(This form will go to your child's teacher)

Expanded Day

Name of Child _____ Date of Birth _____

Parent/Guardian's Names _____

Address _____

First Contact Phone Number _____
(The number you would like us to call first in the event we need to get a hold of you)

What name does your child go by?
(Nickname) _____

Care Needed:

_____ am TO _____ pm M T W R F

Does your child have any other siblings?

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does your child have any special needs:

Physical: _____

Medication: _____

Food/Diet Restrictions: _____

What activities does your child enjoy doing most?

What techniques are effective when your child is upset?

Does your child have any fears concerning school?

Do you, as a parent, have any concerns about your child?

Please give us any other information that you feel would be helpful for us to know about your child.