



HELPFUL INFORMATION FOR YOUR CHILD'S TEACHER

Child's name: _____ Birth date: _____

Any preferred nickname? _____

Allergy information: _____

Any special dietary restrictions? _____

Other school experiences: _____

Should we expect any separation problems? _____

Is your child taking any medications regularly? _____

Please explain: _____

Does your child have any special needs we should be aware of? _____

Does your child receive any special services outside of school? _____

Parent's name: _____ Occupation: _____

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Any special interests or talents you would like to share with the class during the year?

Are there any specific goals that you have for your child this year?

Siblings:	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____

Are there any special interests your child has that we may be able to incorporate into our curriculum? Is there anything you would like the teachers to know about your child? What are your child's favorite toys or activities?

What is your child's favorite book? _____