

Kindergarten Information Sheet

FAMILY INFORMATION

CHILD'S NAME _____ Name to be called at school _____

Children in family and in step-family:	Name	Age
	_____	_____
	_____	_____
	_____	_____

HEALTH

Any allergies (especially food) _____

Fears _____

Disabilities or activity restrictions _____

Operations and major injuries _____

Reaction to injury _____

Any speech problems / Attends speech therapy and where? _____

Any hearing problems? _____

SOCIAL BEHAVIOR

Did your child attend Preschool? ___ If yes, where? _____

Has your child had previous group experience (besides preschool)? ___ If yes, where? _____

Does (s)he get along well with the other children? _____

Circle the word(s) that best describe your child's personality:

shy

friendly

cautious

outgoing

Is your child left-handed _____ Right-handed _____

Favorite play activity _____

Special interests, such as trips, bugs, plants, etc. _____

EMOTIONAL BEHAVIOR

Characteristic behavior (circle any words that apply to your child)

- | | | | |
|-----------------|---------------|-----------------|--------------|
| calm | excitable | easily angered | whining |
| crying | happy | stubborn | quiet |
| cooperative | independent | active | fights often |
| gives in easily | wants own way | temper tantrums | |

What behavior do you consider the most difficult to deal with? _____

List any particular interests or hobbies parents have (sometimes these will enrich and coordinate with our program) _____

In order to meet you and your child's needs please answer the following question. What would you like our program to do for your child? _____

Signature of person(s) completing the information sheet

Date

Kindergarten Permission for Pick Up

I give my permission for _____ to be picked up by the following people during the 20____ - 20____ school year at Trinity Lutheran School.

1. Name _____ Relation _____
Cell Phone _____ Home Phone _____
2. Name _____ Relation _____
Cell Phone _____ Home Phone _____
3. Name _____ Relation _____
Cell Phone _____ Home Phone _____
4. Name _____ Relation _____
Cell Phone _____ Home Phone _____
5. Name _____ Relation _____
Cell Phone _____ Home Phone _____

Parent Signature: _____ Date: _____