

Child's Name _____

What name does your child go by? This is the name they will see on their coat hook,
name cards, and mailbox. _____

Sibling's names and birthdates:

_____	_____
_____	_____
_____	_____
_____	_____

Please list any specific fears your child has which would be helpful for us to know about:

Please list types of discipline used at home: _____

Please list any concerns regarding your child that their teacher should be aware of:

Mother's Check I.D. – Social Security # _____

D.L. # _____

Father's Check I.D. – Social Security # _____

D.L. # _____