

Kindergarten Information

Please use the space provided to let us know any information about your child that you feel will help us perform our duties as Kindergarten teachers more effectively. **Please fill in the requested information and return it as soon as possible.** Thank you for taking the time and we look forward to getting to know your child a little better.

This sheet is **DOUBLE SIDED** – please fill out both sides. ☺

PLEASE PRINT NEATLY

Child's Name: _____ **boy / girl / prefer not to answer** Birth Date: ___/___/___

What name should we call your child at school?: _____

How old will your child be on the first day of school? _____

Parents' /Guardians' Names: _____

Address: _____ City: _____ Zip Code: _____

We will have an address and phone number test this year. Is the information listed above the address and phone number your child will be memorizing? **YES** or **NO** (circle one) – If **NO** – please add address on the back

Does your child live at more than one address? **Yes No** If yes, please use back side to add additional address

BEST number to reach you: _____

Whose number is this? _____

If we cannot be reached at the number listed above – please call: _____

Whose number is this? _____

BEST e-mail address to reach your family: _____

Names and ages of siblings:

Sibling 1 Name: _____ Age: _____ Attends Hackberry Hill? **Yes No** If yes grade: _____

Sibling 2 Name: _____ Age: _____ Attends Hackberry Hill? **Yes No** If yes grade: _____

Sibling 3 Name: _____ Age: _____ Attends Hackberry Hill? **Yes No** If yes grade: _____

Sibling 4 Name: _____ Age: _____ Attends Hackberry Hill? **Yes No** If yes grade: _____

Who will bring your child to school? _____

Who will pick your child up from school? _____

Emergency Contact Name (other than parents): _____

Phone Number of Emergency Contact: _____

Relationship to Kindergartener: _____

Has your child attended preschool or daycare? **Yes No**

Are there any issues that could potentially affect your child's education? **Yes No**

If yes, please use back side to describe

Briefly describe your child's previous school experience. Where did they attend and for how long?

What strengths does your child bring to Kindergarten?

What do you hope your child will learn in Kindergarten?

Does your child have significant allergies or other health concerns that might affect him/her during the school day? **Yes** **No**

If yes, please describe:

What are your child's challenges or weaknesses?

Is there any other pertinent information you would like to share? **Yes** **No**

My child:

- Can say his/her full name:_____
- Can print his/her first name:_____
- Can recognize his/her name in writing:_____
- Has experience with cutting and gluing:_____
- Can recognize and name colors:_____
- Can recite the alphabet:_____
- Can retell a story:_____
- Can count to 10:_____
- Can zip a coat:_____
- Can tie shoes:_____

Does your child receive outside services? _____

Please use the space below for any additional information: