

Child's Name: _____ Child's Birthday (MM/DD/YY): _____

What do you want your child to be called at school? _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Best Contact Phone Number: _____

Preferred Email Address: _____

Who will be picking up your child from school? _____

Child's Sibling(s) Name/Grade: _____

Family Pets: _____

Child's Allergies (please include food, animal, or other allergies): _____

What are your child's interests? _____

What are your child's dislikes (food, activities, other)? _____

If there is anything else you would like to tell us about your child: _____
