

GETTING TO KNOW YOU

Haymarket Baptist Church Preschool & Kindergarten 2023-2024 School Year

Class Information: **2 ½'s**, **3's** MWF or T/TH am/pm, **4's** MWF am/pm or M-F **Pre-K** am/pm, **Kindergarten**
(Please circle all that apply: age, days of the week, am or pm)

Teacher's Name: _____

Information for the Teacher

Child's Name: _____ Birthday: _____

How do you want your child's name written and recognized for school? _____
(Name tags, carpool tags, report cards, folder covers, graduation certificates etc)

Mother's Name: _____ Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Place of Worship: _____

Siblings' names and ages: _____

Allergy & Health information: Has IEP: _____ Speech Concerns: _____ Glasses: _____

Food allergies: _____ Animal Allergies: _____ Asthma: _____

_____ Epi-pen provided _____ Benadryl provided _____ Uses an inhaler _____ Other: _____

Seasonal allergies: _____ Medications used: _____

Do you, as a parent, play an instrument, or have a talent or a hobby or special pet that we would enjoy at school?

Has your child attended preschool before? _____ If so, where: _____

What are the goals you have for your child in our school? _____

Could you describe what your child's strengths and weaknesses are? _____

How do you feel your child relates to other children? _____

What are some activities your child likes to do? _____

What are your child's fears? _____

Where do you expect your child will attend elementary school? _____

Are you available to help in the classroom? Room mother, party helper, story reader, coordinate fundraiser?
