

GETTING TO KNOW YOU

Haymarket Baptist Preschool & Kindergarten

2010-2011 School Year

Class Information: 2 ½'s 3's MWF or T/TH am or pm 4's M-F or MWF am or 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? _____

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

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

Siblings' names and ages: _____

Allergy information:

Food allergies: _____ Animal Allergies: _____ Asthma: _____

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

Seasonal allergies: _____ Medications used: _____

Do you 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, pack backpacks each school day, being a story reader, a recess helper, help coordinate fundraiser or field trip info, or substitute?
