

What helps reassure your child? _____

How does he/she react to stress, strain, frustration? _____

Parents:

Please circle or add any area in which anyone in your family might like to help at our school. The teacher will contact you.

Art (any media)

Singing

Dancing

Musical instruments

Your Special Talents

or interests _____

Dramatics

Puppetry

Posters

Carpentry

Photography

Computers

Toy Repair

Reading Stories

Parties

Cooking or Baking

Trips

Other _____

Siblings:

NAME

AGE

Person(s) with whom you intend to car pool (if any) and/or who will regularly pick up your child:

I have read and I give permission for you to use if necessary:

___ Neosporin

___ Bacitracin

___ First Aide Cream

I have read and received a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services.

I have received and read the Calendar/Handbook and I also know the password.

Signature _____

Date _____

Name of school and school district your child will attend for Kindergarten/1st grade _____

Address: _____

Principal's Name: _____