

Beattie Kindergarten Information Sheet 2021-22

Child's Full Name _____
Last
First
Middle

Name child goes by _____

Address _____

Birthdate _____ Home phone _____

Doctor _____ Dentist _____

Name	Mother:	Father:
Occupation		
Cell Phone		
Email		
Living with		

Does your child have any allergies or take any medications (inhaler, epi-pen)?

Please let us know if your personal and/or religious beliefs prevent your child from participating in specific classroom activities? _____

Please indicate any family situations which would be beneficial for the teacher to know in working with your child; example: death, divorce, illness, disabled family member, etc.

Other children in the home:

Name	Gender	Grade	School

Are there any circumstances in your child's history that the teacher should know about such as unusual habits, serious medical problems, traumatic experiences or fears?

Please circle:

Is your child:	left handed	right handed
Did he/she attend preschool:	Yes/No	Where?

Dear Parents,

Please complete this additional information. It will help us better prepare to meet the needs of your child. Thank you!

What are your goals for your child in kindergarten? _____

What are your child's interests and/or hobbies? _____

How often do you read to your child? _____

How long can your child attend to stories? _____

My child can independently do the following:

Dress themselves	Manage bathroom needs
Write their name	Puts toys away
Take care of belongings	Separates from parent
Play along for 10+ minutes	Falls asleep at regular bedtime
Resolve differences with other children w/o hitting	Makes and keep friends
Shares and takes turns	Cooperates with adults
Enjoys drawing, coloring & writing	Counts to 5; 10; 20 or more (circle)
Identify letters of the alphabet	Hold a pencil w/3 finger grasp
Hold and cut with scissors	

How would you describe your child?

Friendly
Independent
Self-motivated
Determined
Very active
Respectful
Shy
Anxious
Cooperative

Please share any concerns you might have regarding your child's behavior, maturity, speech and social skills? _____

Please share something special about your child: _____
