



# Student Information Form

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ (Home or Cell)

Addl. Phone: \_\_\_\_\_ (Home or Cell)

Primary Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child's siblings and ages: \_\_\_\_\_

School District: \_\_\_\_\_

## Emergency Contact Information (other than parents)

1) Name: \_\_\_\_\_ #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2) Name: \_\_\_\_\_ #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## About Your Child

Allergies/Sensitivities:

---

Has your child ever been hospitalized? If yes, at what age? For how long? Why?

---

**The following questions were designed to help us learn more about your child. We appreciate you taking the time to answer all of the questions.**

Has your child ever been left with a sitter or someone other than their parents? How does he/she react?

---

---

Does your child have any behaviors we should be aware of? (wandering, biting, etc.)

---

---

How does your child react to people he/she does not know?

---

---

How does your child behave when he/she is asked to mix with a new group, such as at a birthday party?

---

---

Are there any family situations we should be aware of? (recent move, new sibling, etc.)

---

---

What else would you like us to know about your child? (Strengths, areas of development, favorite kind of play, etc.)

---

---

Do you have any concerns about school in general?

---

---

Do you have any concerns about your child's development?

---

---

What are your goals for your child this year?

---

---