

Student Background Information

Child's full name: _____

Name child is called: _____ Circle one: male female

Birth date: _____ Age child will be on first day of school: _____

Primary address: _____

City: _____ Zip: _____

Home phone: _____

Family Information

Mother's name: _____

Mother's home phone: _____ Mother's cell phone: _____

Employer: _____ Work phone: _____

Mother's e-mail address: _____

Father's name: _____

Father's home phone: _____ Father's cell phone: _____

Employer: _____ Work phone: _____

Father's e-mail address: _____

Are both parents in the home? ____ If not, which parent is the primary caregiver? _____

Circle: Mother Father Address (if different from above): _____

Siblings and ages: _____

Are there other family members living in the home? ____ If so, please list names, ages, and relationship to child: _____

Other Personal Information

Is your child toilet trained? ____ Describe assistance needed: _____

Does your child nap? ____ How long? _____

Child's bedtime: _____ Child's wake-up time: _____

Does your child take any medication regularly? ____ Please list medications, dosages, and times: _____