

BETHEL PARK KINDERGARTEN INFORMATION SHEET



Please Return this form at Kindergarten Registration

Child's Name _____
Last First Middle

Preferred Name*: _____

*The preferred/nickname will be used on items in the classroom such as nametags.

Birthday: _____
Month Day Year

Has your child attended Pre-School? Yes _____ No _____
If yes, where? _____ How long? _____

Please list any siblings (name and age): _____

If your child is not to have specific visitors, or is not to leave school with other relatives, please give details below:

Dominance of which hand? Right: _____ Left: _____

Has your child had any of the following? Give details.

Allergy: _____ Specify: _____

**Are there any foods your child is NOT to have? _____

Recurring illness: _____

Operation (note type): _____

Has your child received any early intervention services (ie.: OT, PT, Speech and/or developmental delay?)

Will your child be attending daycare after school? Yes _____ No _____

If yes, where? _____ Phone Number _____

Please list any other information you feel would be important for us to know about your child. _____

Parent/Guardian Name(s): _____

Parent/Guardian Email Address: _____