



Student # \_\_\_\_\_

# Emergency Contact Info

**Child's Name:**

**DOB:**

**\*Opt. Nickname:**

**PARENT/GUARDIAN #1 NAME:**

**PARENT/GUARDIAN #2 NAME:**

**Relationship to child:**

**Relationship to child:**

**GUARDIAN #1 contact information:  
ADDRESS:**

**GUARDIAN #2 contact information :  
ADDRESS: (If different from guardian #1)**

**EMAIL:**

**EMAIL:**

**C:**

**W:**

**C:**

**W:**

**Place of employment:**

**Place of employment:**

**Please list alternative emergency contacts in the event parent/guardian #1 or #2 cannot be reached.**

**Name:**

**Name:**

**Relationship:**

**Relationship:**

**Phone:**

**Phone:**

1. Please share any medical information regarding this child that you feel would be important for me to know as their teacher (Food Allergies, Medications, or Medical concerns) \*Please contact the office if your child has an EpiPen.

2. Has your child received services under an IEP for special needs, speech or occupational therapy?

3. Please list any concerns you may have about your child's development: You may share something that challenges this child socially, in fine motor, or other.

4. How will your child be getting home from school?

\_\_\_ Parent pick-up at dismissal

\_\_\_After-school care/Story hour

\_\_\_Bus

\*If Bus, which company?

5. Are there any holidays you do NOT celebrate? (Ex. Birthdays, Christmas, Halloween etc.?)

6. Has your child attended a school/daycare setting before?

\*If yes, please share name of school/daycare?:

7. Does your child have siblings?

\*If at CME list name and grade:

8. What language(s) are spoken to your child at home?

9. What language(s) does your child respond with at home?

10. Is your child left-handed, right-handed or unsure?

11. Please provide other family information you think I should be aware of to better support your child during their transition. (For example, a recent death in the family, recently moved, divorce, custody issues, restraining orders)

12. Please share anything else you feel would be important for me to know as this child's teacher. Is there anything you would like your child to improve on? What expectations do you have for them this year?

13. What are their strengths? What do they like?

Thank you for taking the time to fill this form, it allows me to have all the important information on hand as I get to know your child. Looking forward to an amazing year!!!

Your partner in educating your young child,  
Alexandra De Leon