

SCHOOL-AGE INFORMATION

Name: _____ Date of birth: _____

Allergies and diet specifications (documentation must be on file): _____

Things I consider important in my child's education are: _____

My child's strengths: _____

Areas I would like to see my child improve at school: _____

Goals we are working on at home that we can work on together: _____

Describe anything you would like us to know about your family's values, beliefs, experiences, communication, or language that influence your child's care: _____

Other notes: _____

In summer: We encourage parents to apply sunscreen to children in the morning before arrival. Please let us know if you would like us to apply sunscreen at school. You are welcome to bring a bottle of sunscreen labeled with your child's first and last name and a Nonprescription Topical Product Administration Form must be filled out. Please be aware that in case of siblings, each child needs their own authorization form.

Parent / Guardian Signature: _____ Date: _____