



# Play, Learn and Grow with Jesus...

"Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6

## Student Information Sheet 2020-2021

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Residence/Child lives with:     Both Parents                       Mother Only  
     Father Only                                       Shared or Split Custody  
     Other: \_\_\_\_\_

### Phone Numbers/Contact Information:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Child's Sibling(s):

Name(s) of brother(s)/sister(s)	Age	School/Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

### After School Information:

\_\_\_\_\_ My child will be picked up by a parent/guardian, family member or friend of the family.  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ My child will be picked up by Day Care transportation.  
 Day Care: \_\_\_\_\_ Phone: \_\_\_\_\_



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Please list the names of any individuals who are NOT allowed to pick up your child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_



## You Are Your Child's Best Teacher...Tell Me More About Your Child



~ Do you have a church that you attend?      Yes      No      Church Name: \_\_\_\_\_

~ Is your child baptized?      Yes      No

~ How does your child approach learning new things? ( Please check any of the following that apply)

Excitement       Anxiety       Curiosity       Confidence       Reluctance

~ Goals you have for your child this school year: \_\_\_\_\_

\_\_\_\_\_

~ Important medical information/allergies: \_\_\_\_\_

\_\_\_\_\_

~ What are some of your child's interest? \_\_\_\_\_

\_\_\_\_\_

~ What is your child very successful at? \_\_\_\_\_

\_\_\_\_\_

~ What are some of your child's struggles or challenges? \_\_\_\_\_

\_\_\_\_\_

~ Will your child eat breakfast/lunch provided by the school?      Yes      No

~ Have you completed and submitted the Free/Reduced Lunch Program forms?      Yes      No

~ Do you have any other information that you would like to share with your child's teacher?

\_\_\_\_\_

\_\_\_\_\_

**Thank You!**