

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 2024-2025

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?
