

# Give us the Scoop!

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_ .ed

Emergency Contacts:

Mother's work: \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Father's work: \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Additional contact: \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

How does your child get to school each day? \_\_\_\_\_

How does your child go home each day? \_\_\_\_\_

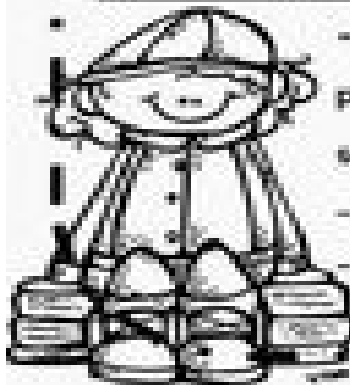
--Please note that any changes in how your child goes home MUST be done in writing or by calling the front office.--

Sibling Information Please list siblings attending this school and their teacher.

\_\_\_\_\_  
\_\_\_\_\_

Please list any health concerns or medications:

\_\_\_\_\_  
\_\_\_\_\_



--Teachers cannot administer medications. Please contact school nurse for more information--

Please tell me about a goal you have for your child this school year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_