

BRIAR HILL SCHOOL

ALL ABOUT ME

Child's name _____ Date of Birth _____

Name you would like your child's teacher to use: _____

Street Address _____

Town _____ Zip _____ Home phone _____

Mother's full name _____ Email _____

Work phone _____ Cell phone _____

Father's full name _____ Email _____

Work phone _____ Cell phone _____

Names and ages of siblings _____

Parent(s) profession: (we ask this in case there is an opportunity and desire to share your work experience with your child's class - this information is not required).

Please answer the following:

- 1) List any allergies your child has (food, environment, medications):

- 2) Is your child potty-trained? If so, when and what degree of self-help?

- 3) Has your child attended school before? If so, when, where, and for how long?

- 4) Does your child have any speech difficulties?

- 5) What is the primary language spoken at home? If other than English, does your child understand English?

- 6) What holidays does your family celebrate (Christmas, Hanukkah, other)?

- 7) What kindergarten do you expect your child to attend?

- 8) May we release your address, phone number (home and cell), and email address for our Friendship List? Yes _____ No _____

Please list any additional information you would like your child's teacher to know. Feel free to use the back of this form.