

Alpha Code: _____



Lunch #: _____

Pre-K Information Sheet

Child's Name: _____

What do you want your child to be called at school? _____

Child's Birthdate (M/D/Y): _____

Parents' Name(s): _____

Parent's Email Address: (Mom) _____

(Dad) _____

Child's Siblings (this will help us spell their names on their artwork):

Family Pets: _____

Child's Allergies (please include food, animal, or other allergies):

What are your child's favorite snack foods? _____

What are your child's interests? _____

What activities does your child like to do? _____

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What are your child’s dislikes (food, activities, other): _____

If you are pottng training please list your technique, schedule, and / or routine as detailed as possible, so that we may follow during the school day what you are already doing at home with your child.

If there is anything else you would like to tell us about your child, please write it on the lines below.

