

4-Year-Old Kindergarten Input Form

All About _____ (Your Child's Name)

Birthday _____

Name(s) of Parent/Guardian _____

Address _____

Preferred Contact Person/Phone# _____

Email Address for newsletters, important updates, etc. _____

Siblings (Names and Birthdates) _____

Allergies/Important Medical Info _____

Prior Group Experiences (preschool, library/community programs, church groups, daycare, sports teams, music/art lessons, etc.)

My child loves to _____

My child prefers not to _____

Bedtime: _____ Wake time: _____ Length of nap time _____

Toilet Trained? yes or no Dresses self? yes or no

Favorite TV shows: _____

Favorite books: _____

When my child is happy, s/he _____

When my child is bored, s/he _____

When my child is hurt, s/he _____

When my child is angry, s/he _____

When my child is frustrated, s/he _____

Strategies you use to calm your child when excited, hurt or upset:

How much time/what kind of reading/writing activities does your child engage in daily?

My hopes for my child in 4K: _____

I WOULD LIKE TO VOLUNTEER!!!!

I am available M T W TH F (circle all that apply)

Times available _____

I would prefer to: (circle all that apply)

Work in centers

Read to/with students

Take and print pictures

Take down/put up bulletin boards, change classroom decor and or centers

Assist with art/science/cooking projects

Run large motor activities

Help with preparation of materials- cutting/copying/etc

Help students select and check out books

Label/Organize/Clean

Be a 4K PTO Meeting Night Representative

Other _____

I am not available to come into the classroom but can work on at-home projects.

I can supply treats/goodie bag items for class parties. (See sign up sheet)

