

# Student Information Card School Bag Supplies Tell Us About

## Student Information Card 2022-23

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Class (Days) \_\_\_\_\_

Allergies & or Food Restrictions  N  Y Please list: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ IL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Main Email \_\_\_\_\_

First contact (ex. Mom) \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent): Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Mom's name: \_\_\_\_\_ Dad's name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Please circle:**

Mom

Dad

Can you receive Text message? Yes No Yes No

Can you receive Photo messages? Yes No Yes No

Allowed to receive either through the day? Yes No Yes No

**Please check all applicable:** JFK has permission to post my child's photo on  Facebook

Website  Newsletter  Advertising

Additional Information for Teachers:

### ***Just For Kids School Bag (2022-23)***

The first name and last initial will be written on the bag. Please indicate how you would like your child's first name to appear.

Child's first and last name \_\_\_\_\_ Preschool Class \_\_\_\_\_

I would like my child's name to appear as: My Child's First Name \_\_\_\_\_ Last Initial \_\_\_\_\_

I have included the \$5 for the school bag

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Amount Paid \_\_\_\_\_

### **Supply List 2022-23**

Dear Parents,

At the beginning of the school year and after winter break, we ask each family to bring in a few items from the requested supply list. Please find your child's class and the corresponding supplies. Please drop off the supplies with your paperwork by August 1<sup>st</sup>. THANK YOU!

**Infant (Garden Room)**-2 cases of baby wipes

**Toddler (Barn Room)**-2 cases of baby wipes

**2 Years Old (Farm Room)**-2 containers of baby wipes and 2 boxes of Kleenex

**3 Years Old (Safari Room)**-2 containers of baby wipes and Sharpie Permanent Markers Fine Point 8 pack

**4/5 Pre-K (UTS Room)**- 2 containers of Clorox wipes & Expo dry erase markers- assorted pack

## TELL US ABOUT YOUR CHILD 2022-23

Please complete the following information to help us get to know your child better. **Just For KIDS Preschool and Learning Center** is excited to get to know your child so we can help encourage, stimulate, and develop your child's growth.

Child's registered program/class \_\_\_\_\_ (ex: MW am 3's)

Child's First and Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ my child is the... Oldest Middle Youngest; How many siblings are there? \_\_\_\_\_

Is your child adopted? Yes \_\_\_ No \_\_\_ If yes, do they know? Yes \_\_\_ No \_\_\_ My child is: Right \_\_\_ Left \_\_\_ handed

What language(s) is spoken in your home? \_\_\_\_\_

Any language, speech, hearing, or seeing difficulties? Yes/No If yes, \_\_\_\_\_

Any health concerns? If yes, explain: \_\_\_\_\_

Any food/or seasonal allergies? Explain: \_\_\_\_\_

Favorite foods? \_\_\_\_\_ Least? \_\_\_\_\_

I would characterize my child as \_\_\_ friendly \_\_\_ shy \_\_\_ active \_\_\_ sensitive \_\_\_ aggressive Other: \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

Previous group experience? Yes \_\_\_ No \_\_\_ Previous school experience? Yes \_\_\_ No \_\_\_

If yes, was it positive? Explain \_\_\_\_\_

Does your child know any children in his/her class? Yes \_\_\_ No \_\_\_

My child has experience with: \_\_\_ scissors \_\_\_ paint \_\_\_ finger paint \_\_\_ play dough \_\_\_ sand

Is your child independent in the bathroom? \_\_\_\_\_ (This is a requirement to participate in the 3, 4, & Pre-K programs)

What word does your child use to communicate the need to go to the bathroom? \_\_\_\_\_

Does your child take naps? Yes \_\_\_ No \_\_\_ If yes, Daily \_\_\_ Occasionally \_\_\_ Never \_\_\_ How long? \_\_\_\_\_

Does your child have a regular bedtime? Yes /Time \_\_\_\_\_ No \_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_

How does your child comfort him/herself? \_\_\_\_\_

How is discipline handled at home? \_\_\_\_\_

What would you like your child to gain from their preschool experience this year? \_\_\_\_\_

Do you have any developmental concerns about your child? If yes, please explain: \_\_\_\_\_

What family or cultural traditions are important in your home? \_\_\_\_\_

Would you be willing to share these traditions with the children and the school? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_