



CHILD'S NAME: \_\_\_\_\_

PERSONAL INFORMATION:

Is this child currently enrolled in White Memorial Weekday School? \_\_\_\_\_

What class: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child's previous school experience other than White Memorial:

Where: \_\_\_\_\_ When: \_\_\_\_\_

Other children in the family: Brothers \_\_\_\_\_ Ages \_\_\_\_\_

Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Adults living in the home: \_\_\_\_\_  
Parent 1 Parent 2 Other

Bathroom habits: \_\_\_\_\_

Sleep habits: \_\_\_\_\_

Eating habits: \_\_\_\_\_

Allergies (please be specific): \_\_\_\_\_

Other health concerns: \_\_\_\_\_

Medications needed at school: \_\_\_\_\_

Medications taken at home on a regular basis: \_\_\_\_\_

Fears: \_\_\_\_\_

Describe your child's strengths: \_\_\_\_\_

Additional remarks/concerns: \_\_\_\_\_

*Please use reverse side if there is further information you feel will aid the teacher in understanding your child. Note if there are special concerns, special circumstances in the home, etc.*

ACCESSIBLE PERSON TO CALL IN EMERGENCIES IF PARENTS CANNOT BE REACHED (*local contacts please!*):

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_