

(Please fill out and return to your teacher on the first day of school)

Name:	Age/Birthday:
Others in my family:	
Favorite Color:	
Allergy/Medical Info:	
Parents/Guardians:	
Parent Phone Number:	
Parent Email:	
Carpool/Caregiver List:	
Emergency contact and phone number:	
What else do we need to know? (Use the back if needed)	