



# San Clemente Playschool Student Information Sheet

Please help us get to know your child by filling out the following form and returning it on the first day.

Child's name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name of parents: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alterhate Phone Number: \_\_\_\_\_

Siblings hames & ages: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of alterhate caregiver/guardian: \_\_\_\_\_

The things I LOVE most about my child are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child is so great at: \_\_\_\_\_

My child needs extra help with: \_\_\_\_\_

My expectations for my child at Playschool are: \_\_\_\_\_

So far my child's educational experience has been: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please let us know of anything else that you would like us know about your child.  
Thank you so much for sharing your child's preschool years with us!