

Welcome Room 18 Parents

Please help me get to know your child by filling out the following form.

Child's name: _____

Name of parents: _____

Address: _____

Email address (mom): _____

Email address (dad): _____

Phone #: _____ Birthday: _____

Siblings (names and ages): _____

Allergies: _____

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 school are: _____

My dreams/goals for my child this year are: _____

Please use the back of this page to tell me a funny or endearing story about your child, or anything else that you would like me to know. Thank you for sharing your precious child with me this year! Please return completed questionnaire by Friday, August 28th.

Thank you, Mrs. Fuentecilla