

**Bright Beginnings Learning Center**  
**Student Information Sheet**  
(To be kept by classroom teachers)

Please introduce us to your child. This information may help us put your child at ease. The more familiar we seem, the more comfortable we can make your child. Thank you.

Child's name \_\_\_\_\_

We call him/her \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Birth date \_\_\_\_\_

Mother's name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Father's name \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Who will be bringing your child to school? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

**Emergency contact:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

Siblings at home (names/ages) \_\_\_\_\_

\_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Favorite color \_\_\_\_\_

Favorite story or book \_\_\_\_\_

Favorite movie \_\_\_\_\_

Favorite character \_\_\_\_\_

Pets \_\_\_\_\_

Fears \_\_\_\_\_

What comforts your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite activities/toys/things to do \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything that you feel we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for sharing your child with us. We are committed to providing a loving, nurturing environment for your child.**