

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.