

To help us better serve the needs of your children, please complete the following. All information will be kept confidential, and only shared with the teacher if needed for learning and safety purposes.

Who lives in the family home? (parents, siblings, grandparents, extended family) _____

Language(s) spoken at home: _____

Child #1 – Name _____

Please list any medical or health condition of your child: _____

Allergies (food and medications): _____

Learning difficulty: _____ Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty your child has (shyness, anxiety, etc.) _____

Child #2 – Name _____

Please list any medical or health condition of your child: _____

Allergies (food and medications): _____

Learning disability: _____ Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty your child has (shyness, anxiety, etc.) _____

Child #3 _____

Please list any medical or health condition of your child: _____

Allergies (food and medications): _____

Learning disability: _____ Does your child have an IEP or 504? _____

Please share any behavioral, emotional or social difficulty your child has (shyness, anxiety, etc.) _____

Please list on the back any other helpful information you would like the Religious Education Office to know.
