



# Kindergarten - ALL ABOUT ME

Student name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email (please print): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Did your child attend Pre-School? Yes or No

What is your goal for your child this year?

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What are your concerns?

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PLEASE COMPLETE THE FORM →



# Kindergarten - HOME VISIT

Circle one below:

I would **like** a home visit.

I would prefer **not** to receive a home visit.

Circle the days you are available: **(July-August)**

Monday

Tuesday

Wednesday

Thursday

Times you are available: \_\_\_\_\_

Circle the days you are available: **(September-June)**

Monday

Tuesday

Wednesday

Thursday

Times you are available between 4-6 PM: \_\_\_\_\_

We will contact you regarding a home visit, if our schedule can align. Thank you. 😊