

Twinkling Stars



Kindergarten

WELCOME!

Please take a moment to answer the following first day questions.

This will help our first day of school a smooth and

Wonderful transition. Thank You!

Student's Name:

Emergency Contact Name Relationship.....

Telephone Number..... E-mail.....

Emergency Contact Name Relationship.....

Telephone Number..... E-mail.....

How will your child be getting home from school?

.....Picked up by.....in a car

..... Riding the bus

..... Walking to.....'s house

Does your child have any allergies or medical condition that I should immediately be aware of?

.....Yes, you should be aware that.....

.....No

Is there anything else that I should know to help your child?

.....

.....

Signature

Father/Mother/Guardian

.....

Date & Place