

PROFESORADO

Children





School

SCHOOL NAME

ADDRESS

PHONE

Teacher

NAME

GRADE

ROOM #

PHONE #

EMAIL

TEACHING ASSISTANT

Schedule

SCHOOL START TIME

ASSEMBLY

A, B, OR C SCHEDULE (PE, SCIENCE, ART)

LUNCH

RECESS

SCHOOL END TIME

Copy of School Schedule





Name:

DATE OF BIRTH

ALLERGIES (LIST ALL)

SEASONAL?

REACTIONS - WHAT HAPPENS?

WHAT TO DO?

YES

NO

YES

NO

YES

NO

YES

NO

MEDICATIONS (LIST ALL)

DOSE & FREQUENCY

WHERE CAN I FIND IT IN THE HOUSE

Likes

Fears

Favorite Things

Bedtime Routine

Clothing Sizes

TOP

BOTTOM

SHOE



School

IMPORTANT DATES



| <i>School Breaks</i> | |
|----------------------|------|
| EVENT NAME | DATE |
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| <i>School Plays/Concerts</i> | |
|------------------------------|------|
| EVENT NAME | DATE |
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| <i>Field Trips</i> | |
|--------------------|------|
| EVENT NAME | DATE |
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| <i>Weather Make-Ups</i> | |
|-------------------------|------|
| EVENT NAME | DATE |
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School FOOD ITEMS



Lunch

TIME

PACK OR BUY?

What's for lunch?

FOOD

WHICH LUNCHBOX?

BENTO BOX OR ZIPLOCKS?

Snack

TIME

What's for snack?

FOOD

WHERE TO FIND THIS AT HOME

Food Not Allowed at School