

Dear Families:

Please help CMS to introduce your children to their new kindergarten teachers. Fill in any or all of the boxes as you wish and bring this form to your child's kindergarten teacher at the start of the new school year. Thank you.

Child's Name: _____ Date: _____

These things please me most about my child:

My child's favorite books and activities:

These are things my child does well:

Allergies (food, medical, insects) and Medical Conditions:

My child learns best when:

I would like to be involved in my child's new program in these ways:

I prefer to be contacted by my child's school in this way:
Please circle and fill in the number or address:
In person (at arrival, dismissal, or meeting)
Cell Phone at:
Home Phone at:
Work Phone at:
E-mail at:

I give permission for this information to be shared with the appropriate staff members at Charlotte-Mecklenburg Schools. This information will be shared only with those staff members who need it to support my child in his/her development and learning. This information will not be shared with anyone else or for any other purpose.

Parent/Guardian Signature

Print Name of Parent/Guardian