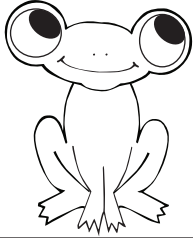


Place a photo
of your child
here



The ABC's Of My Child

Date: _____

Child's Name: _____

Child's Birthday: _____

Allergies: _____

Is afraid of: _____

Parent or Guardian:

Name: _____

Phone: _____

Email: _____

Best time to contact me:

I am proud that my child knows:

I think my child is good at:

My child really likes:

I am most concerned about:

I am excited for my child to learn:

The people who live with my child are:

My child enjoys it when we read
this book or sing this song:

My child and/or our family could
use help with:

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