

# 5-Year-Old Kindergarten Input Form

All About \_\_\_\_\_ (Your Child's Name)

Birthday \_\_\_\_\_

Name(s) of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Preferred Contact Person/Phone# \_\_\_\_\_

Email Address for newsletters, important updates, etc. \_\_\_\_\_

Siblings (Names and Birthdates) \_\_\_\_\_

Allergies/Important Medical Info \_\_\_\_\_

Prior Group Experiences (preschool, library/community programs, church groups, daycare, sports teams, music/art lessons, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child loves to \_\_\_\_\_

\_\_\_\_\_

My child prefers not to \_\_\_\_\_  
\_\_\_\_\_

Bedtime: \_\_\_\_\_ Wake time: \_\_\_\_\_ Length of nap time \_\_\_\_\_

Toilet Trained? (circle one) yes or no      Dresses self? (circle one) yes or no

Favorite TV shows: \_\_\_\_\_

Favorite books: \_\_\_\_\_

When my child is happy, s/he \_\_\_\_\_

When my child is bored, s/he \_\_\_\_\_

When my child is hurt, s/he \_\_\_\_\_

When my child is angry, s/he \_\_\_\_\_

When my child is frustrated, s/he \_\_\_\_\_

Strategies you use to calm your child when he/she is excited, hurt, or upset:  
\_\_\_\_\_  
\_\_\_\_\_

How much time/what kind of reading/writing activities does your child engage in daily?

---

My hopes for my child in 5K: \_\_\_\_\_

---

---

---

I WOULD LIKE TO VOLUNTEER!!!!

I am available M T W TH F (circle all that apply)

Times available: \_\_\_\_\_

I would prefer to: (check all that apply)

Work in centers

Read to/with students

Take and print pictures

Take down/put up bulletin boards, change classroom decor and or centers

Assist with art/science/cooking projects

Run large motor activities

Help with preparation of materials- cutting/copying/etc

Help students select and check out books

Label/Organize/Clean

Be a 5K PTO Meeting Night Representative

Other \_\_\_\_\_

I am not available to come into the classroom but can work on at-home projects.

I can supply treats/goodie bag items for class parties. (See sign-up sheet)

