



Child & Family Information Sheet

Welcome to HeartPrints! We are honored that you have chosen our school for your family. Please take a few minutes to complete this information sheet. This information will help us meet the unique needs of your child.

Name _____ Birthdate _____

Sibling's _____

Child's home language(s): _____

Family Background and beliefs: _____

Does your child have any allergies? Yes / No If yes, please specify:

Does your child have any medical conditions that will require medication while in school? Yes / No If yes, please specify:

Does your child have any strong fears? Yes / No If yes, please specify:

What are some of your child's favorite activities and interests?

Does your child have any pets?

Is there any additional information you feel we should know about your child or family?

What goals do you have for your child regarding their growth and development at HeartPrints?

