



Wheatland Crossing Kindergarten

Please fill in the following information and return it to the Kindergarten. Thank you!!

Student name: _____ **Parent names:** _____

Email address: _____

Cell phone numbers: _____

Allergies or medical information: _____

Will your child be bringing a puffer to school for asthma? _____ **Yes** _____ **No**

Will your child be bringing an epi-pen to school? _____ **Yes** _____ **No**

Has your child had any speech therapy prior to Kindergarten? _____ **Yes** _____ **No**

Does your child have trouble focusing or have ADHD? Please explain: _____

Does your child have trouble separating from you or have anxiety about any situations? Please explain: _____

Is there any other information that would be helpful for me to know about your child? _____

Thank you for your information!! Mrs. Deb Klics