



ANTIETAM ACADEMY

Welcome to Antietam Academy! Please take a moment to tell us a little bit about your child. Your child is starting in the _____ classroom on _____. The teacher's name's are:

Child's full name: _____

At home we call him/her: _____

I will typically drop my child off at: _____ and pick up around: _____

In case of emergency please **first** call: _____, the # is: _____

My child: HAS / HAS NOT been in childcare prior to this.

Currently my child naps around: _____. He/She likes to sleep with: (blanket, pacifier, Elmo, etc.)

Some of his/her favorite foods are: _____

Foods he/she does not like or have not tried are (please also list allergies to food):

At home his/her favorite indoor activities are: _____

My child's favorite outdoor activities are: _____

His/Her favorite TV, movie, book characters are: _____

Medically, these are some things I want the teachers to know about my child:

Generally, these are some things I want the teachers to know about my child:

