

2. School start information from parents

The child's name: _____

Date of birth: _____

Start date: _____

Parents' name: _____

Phone nr (home): _____

Phone nr (work): _____

Mobile phone (mother): _____

Mobile phone (father): _____

Name and age of siblings: _____

Language spoken in the family: _____

The child's language: _____

Allergies: _____

Diseases/health issues: _____

Medicines: _____

Interests: _____

Personality: _____

Fears: _____

Eating habits: _____

Diaper/ toilet habits: _____

Other valuable information: _____

