

All About Me

This confidential information will be shared with your child's teachers to help ensure a positive time in RE class and activities.

Name _____ Age _____ Grade _____ (2010/2011)

My favorite things to do are: _____

These are the things I'd like to do in Sunday School: _____

When I'm upset, I like people to help me in this way: _____

All about my Child:

Parent/Guardian Names: _____

1. Does your child have any allergies? Y___ N___ If yes, please describe: _____

2. Does your child have any special dietary restrictions? Y___ N___

If yes, please describe: _____

3. Does your child have any medical issues/medication we should be aware of (i.e. EpiPen)?

Y___ N___ If yes, please describe: _____

4. Please list the most effective ways to encourage your child's cooperative behavior in RE class.

5. Does your child have special needs that affect his or her ability to participate in a classroom setting, or have an I.E.P. at his/her school? Y___ N___ If yes, you must speak with the Director of Religious Education about your child's specific needs to see if we can accommodate your child.

6. Is there anything else you feel we should know? _____