



Getting to know you..... All About Me

Child's Name: _____

Child's Date of Birth: _____

I have _____ brothers and _____ sisters, their names and ages are:

Parent/Guardian's Names: _____

Address: _____

Phone #1: _____ Phone #2: _____

E-mail Address: _____

Allergies or Health Concerns: _____

Does your child need regular medication? ___ Yes. ___ No. If Yes, what medication(s) and when is it given? _____

What would you like us to know about your child: _____

Thank you! Please send back to:
Traver School
W3490 Linton Rd.
Lake Geneva, WI 53147

