

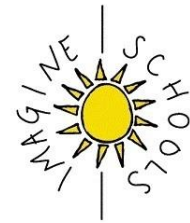
# IMAGINE SCHOOL TOWN CENTER

775 Town Center Blvd

Palm Coast, FL 32164

(386) 586-0100

Imagineschooltowncenter.org



Developing Character,  
Enriching Minds.

## Kindergarten Parent Info Form

Student Name: \_\_\_\_\_  
Last First

Birthdate: \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_  
Month/Day/Year

Siblings currently attending Imagine: \_\_\_\_\_

Previously attended VPK: Yes / No Name of School: \_\_\_\_\_

Previously attended Preschool: Yes / No Name of School: \_\_\_\_\_

### My child knows the following: (Please check all that apply)

Letter sounds: \_\_\_\_\_ Letter names: \_\_\_\_\_

Number recognition 1-10: \_\_\_\_\_ Count to 20: \_\_\_\_\_

Name (recognizes and able to write it): \_\_\_\_\_ Recognizes Rhyming Words: \_\_\_\_\_

### Health: (Please explain)

Medication: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Special Plans/Programs: (Please check all that apply)

#### ESE

Specific Learning Disability: \_\_\_\_\_ Emotionally Handicapped: \_\_\_\_\_

Speech: \_\_\_\_\_ Developmentally Delayed: \_\_\_\_\_

Language: \_\_\_\_\_ Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

#### Programs

504 Plan: \_\_\_\_\_ Other: \_\_\_\_\_