



# STUDENT INFORMATION AND ALLERGY FORM

Because we only have the privilege of being with your child once a week, it is difficult to know all that we should know about them. The more we know, the

better equipped we will be to help every child along their faith journey while being supportive and sensitive to any specific issues or needs of each child. Please provide any information that will be important for the catechists to know. This information will be help confidential to the program and shared with the catechist to help make accommodations where necessary. Thank you for sharing!

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ ROOM \_\_\_\_\_

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

Medical issues or medications: \_\_\_\_\_

Please put a  $\checkmark$  next to any/all that apply: \_\_\_\_\_

\_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Anxiety

\_\_\_\_\_ Specific Learning Disabilities \_\_\_\_\_ IEP/504 Plan

\_\_\_\_\_ Autism Spectrum \_\_\_\_\_ Asperger's Syndrome

\_\_\_\_\_ Special Seating \_\_\_\_\_ Difficulty Reading

\_\_\_\_\_ Difficulty Writing

\_\_\_\_\_ Family issues that add stress/difficulty

\_\_\_\_\_ Other concerns/issues:

\_\_\_\_\_ Additional information or notations:

\_\_\_\_\_ I would like to be contacted to discuss my child's needs at (# to be reached):