



Resurrection Lutheran Child Development Program Child Plan of Action

PLEASE FILL OUT FORM COMPLETELY WITH DARK BLUE OR BLACK INK

Child's Name _____

DOB _____

Will your child be attending Kindergarten the following year?

- No
- Yes

Should you be undecided if your child will be attending Kindergarten, please leave blank. You may address any questions and/or concerns during a parent teacher conference.

Does Your Child Have Any Allergies and/or food restrictions?

- No
- Yes; Please List: _____

On occasion, staff will take photos/video of the child for school use only. Please initial should you give permission for the staff to use your child's picture/video;

- Photograph _____
- Video _____

Present Social/Emotional Development: _____

Present Language Development: _____

Present Motor Skills: _____

Present Self Help Skills: _____

Present Parental Goals for child: _____

Other Comment/Information We Should Be Aware Of: _____

Father (Guardian) Signature _____

Date _____

Mother (Guardian) Signature _____

Date _____

Teacher Signature _____

Date _____