

**We are only beginning...and we do want to know you!**

**STUDENT'S RESUME ~**

Please fill in with your child. It is part of our "Getting to Know You" Program. It will be helpful for your Kindergarten teacher.

Name: \_\_\_\_\_  
*(Please Print First Name and Last Name)*

Birthday:            Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

↓ Insert Photo below ↓

Favorites:

Toy \_\_\_\_\_

Game \_\_\_\_\_

Place to Visit \_\_\_\_\_

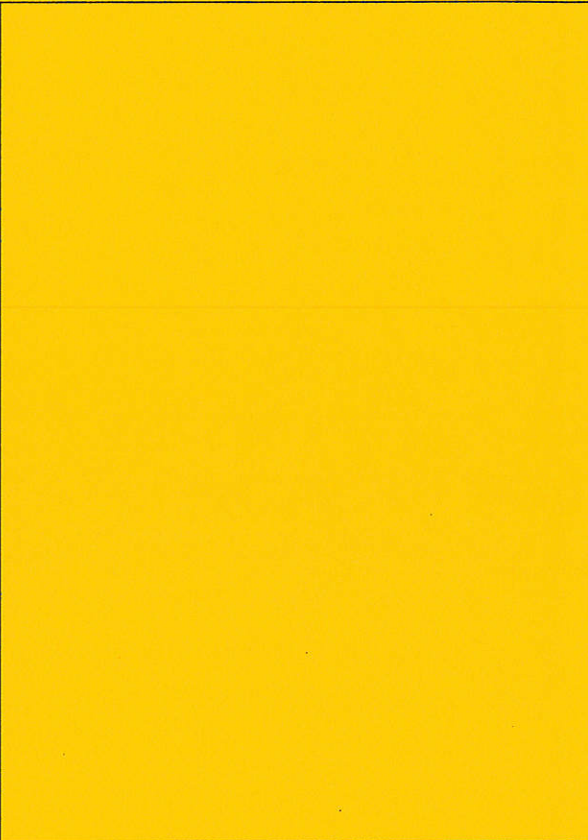
Candy \_\_\_\_\_

Cookie \_\_\_\_\_

Have you seen a movie? \_\_\_\_\_

Have you visited the Public Library? \_\_\_\_\_

Do you watch T.V.? \_\_\_\_\_



What shows do you like best? \_\_\_\_\_

Can you drink fruit juices? \_\_\_\_\_

What do you like to eat for breakfast? \_\_\_\_\_

What time do you go to bed? \_\_\_\_\_

Please return this form on Friday, June 19, 2015.

This information is very helpful to the Kindergarten teacher. Thank you!