

# CHILD SUMMARY FORM

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Sibling Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form Completed By: \_\_\_\_\_

Nicknames (?): \_\_\_\_\_

Chronological Age: \_\_\_\_\_

(years, months)

Home School District: \_\_\_\_\_  
\_\_\_\_\_

Projected Grade Level: \_\_\_\_\_

(Pre-K, Kindergarten, 1st grade)

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sending Teacher's Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Receiving Teacher's Name : \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

WIN Grant