

FUQUA SCHOOL

P.O. Drawer 328
605 Fuqua Drive
Farmville, Virginia 23901
(434)392-4131 (800) 214-3460

**FUQUA SCHOOL EARLY LEARNING CENTER
(additional information for classroom teacher's files)**

My child, _____ will be attending.
Last Name First Name

Half-day (8:30 a.m. to 12:00 p.m.) _____ Full day (8:30 a.m. to 2:45 p.m.) _____

If attending part time, please check the appropriate days:

Monday/Wednesday/Friday _____ Tuesday/Thursday _____

Brothers/Sisters and ages: _____

Child's favorite lunch foods and snacks _____

Favorite toys and books _____

Special interests/favorite things to do at home _____

Special needs/fears/concerns _____

Does your child usually nap or have "quiet time"? _____

Does your child require assistance with dressing? _____

My child is a _____ non-swimmer _____ intermediate swimmer
_____ beginner _____ advanced swimmer

Transportation to school _____ to home _____

Bus number _____ Bus driver _____ Distance of home from school _____

What do you hope your child will accomplish this year? _____

Is there any other information that would be useful to us in helping your child adjust to a new school environment? _____

Please feel free to use the back of this form as needed.