

**The Children's School of Boise
Update Form
School Year 2025-2026**

Child's Name _____

Date of Birth (month/day/year) _____ / _____ / _____

Parent's Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Email _____

Place of Employment _____

Parent's Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Email _____

Place of Employment _____

Child's Experiences (use additional paper, if needed)

Has your child had any significant life experiences that we should know about? _____

Does your child have any fears? _____

How would you describe your child's last year's school experience? _____

What do you want for your child this school year? _____

Child's current interests: _____

Additional information: _____

The Child's Family

In order for us to know your child well, your expectations for your child's education, and/or to incorporate family customs and traditions into classroom practice whenever possible, we invite you to answer the following questions.

How do you define your family: Race _____

Religion _____ Culture _____

What is your home language? _____

Who is in your family? _____

Grandparents' Names

Address _____ Address _____

Phone # _____ Phone # _____

Email _____ Email _____

If there are family practices around race, religion, culture, language, or family structure that you'd like to share with your child's class, please note them here: _____

Are there ways you or your child's grandparents would like to be involved in the school, such as sharing a hobby, cooking, reading a favorite book, or some aspect of your professional life? Tell us what you'd like to do: _____

Divorced or separated parents. please keep us informed of any changes in custody or visitation. For the security of your child, we need to know who will be picking him/her up on a daily basis.

Are there any legal/custody issues we should know about? _____

Do you want duplicate school communication in your mail box? _____

Do you wish to be billed separately? _____ If yes, give % of each parent's portion _____/_____

Returning Families: Have there been any changes in your child's emergency contact information, health needs or health insurance information since initial enrollment? _____

Are there other people, besides the immediate family and TCS staff who may have access to your child's records, including health records? _____

Permission Please read the following statements, **Sign and Date**

****I give permission for my child's art work and/or photograph to be reproduced for fundraising projects by Parents for The Children's School (P-TCS).**

Parent's signature _____ Date _____

****I give permission for my child's name and picture to be used for publications or videotaping by The Children's School, or media stories about The Children's School, education, or child advocacy.**

Parent's Signature _____ Date _____

****I give permission for my child to participate on school outings.**

Parent's Signature _____ Date _____

****I give the faculty and staff of TCS permission to access my child's health records on required Health Records Form. This form is required on initial enrollment and entry into Kindergarten.**

Parent's Signature _____ Date _____

****I give TCS permission to include my contact information in a directory document that will be distributed to the school community.**

Parent's Signature _____ Date _____