

July 26<sup>th</sup>, 2017

Dear \_\_\_\_\_,

Hello! I am so excited to have you in my class☺ I hope you have had a wonderful summer and are ready for a new school year. First grade is the BEST!!! It is full of fun, excitement, and a lot of hard work!

You will learn amazing things this school year! We will do computers, drama, art, reading, writing, library, and math; along with many other fun activities.

I will provide crayons, markers, a pencil box, scissors, and pencils. I would like you to bring your backpack, a smile, and a positive attitude every day!!☺

Here are some things to remember:

- Back to School Night is Thursday, August 10<sup>th</sup> from 6:00 – 6:30 p.m. for first grade
- Green and yellow forms filled out and brought on the first day of school or on Back to School Night
- School starts Tuesday, August 15<sup>th</sup>, at 8:50 a.m.
- Our classroom is B-4
- School lets out at 3:30 p.m. (except on early out Wednesdays)

Some items our classroom could use if you would like to donate any of the following:

- snacks (crackers, pretzels, fruit snacks, etc.) I pass some out in the morning for the first few weeks until they get more adjusted to a full day of school!
- glue sticks
- white copy paper
- pencils
- sanitizing wipes
- kleenex

Enjoy the rest of your summer and I'll see you soon☺

Love,  
Mrs. York

# ALL ABOUT Me

My name is: \_\_\_\_\_.

My birthday is on \_\_\_\_\_.

I was born in \_\_\_\_\_ (city & state)

I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

Mom and I like to \_\_\_\_\_.

Dad and I like to \_\_\_\_\_.

What I like to do with my family \_\_\_\_\_

\_\_\_\_\_.

What I like to do with my friends \_\_\_\_\_

\_\_\_\_\_.

My favorite color is \_\_\_\_\_.

My favorite sport is \_\_\_\_\_.

My favorite food is \_\_\_\_\_.

My favorite animal or pet is \_\_\_\_\_.

My favorite day this summer was \_\_\_\_\_

\_\_\_\_\_.

The day of the week I like best is \_\_\_\_\_ because

\_\_\_\_\_.

My hobbies are \_\_\_\_\_

\_\_\_\_\_.

# Mrs. York's First Grade Registration

Name your child goes by: \_\_\_\_\_

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

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

Child's Birthdate: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Father's Work and Phone: \_\_\_\_\_

Mother's Work and Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Over-

How will your child get home? walk\_\_\_ car\_\_\_ bus\_\_\_

Child is: Left Handed\_\_\_\_\_ Right Handed\_\_\_\_\_

Doctor's Name and Number\_\_\_\_\_

If you cannot be reached, who should be contacted?

Name and Phone Number: \_\_\_\_\_

List the strengths of your child:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the two most important things you want your child to learn this year?

1: \_\_\_\_\_

2: \_\_\_\_\_

Any other comments or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_