



**INFORMATION SHEET FOR THE TEACHER**

Child's name and nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Child lives with (please include names, ages, and relationships):

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

Pets (names and types): \_\_\_\_\_

Parents' Occupation: \_\_\_\_\_

Best phone number to call \_\_\_\_\_

Best time to call \_\_\_\_\_

Persons authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

Describe your child's general health:

Does your child have any medical conditions (seizures, non-food allergies, etc.)?

Please list any allergies or food restrictions.

**GENERAL INFORMATION**

Please circle traits below that describe your child.

Happy	Aggressive	Friendly	Fearful
Moody	Dependent	Stubborn	Impulsive
Sympathetic	Energetic	Anxious	Attentive
Good-natured	Cooperative	Even-tempered	Quiet
Shy	Angry		
Other _____			

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What activities does your child enjoy? Not enjoy?

Has your child undergone any major changes recently? (moving, sibling birth, etc)

What group experience has your child been involved in?

If you have any concerns about any aspect of your child's development, please share with us.

What is the most important thing we need to know about your child?

What hopes do you have for your child's preschool experience?