

TEACHER INFORMATION FORM

Child's Name _____ Nickname _____ Birthday _____

Address _____ Home Phone _____

Names and ages of other persons in household _____

Special Instructions (As to care, allergies, tubes, etc.) _____

Child's Favorite Activities, Likes, Dislikes, Fears, etc. _____

Language Spoken at Home _____

General Temperament of Child _____

Play Habits _____

Sleeping Patterns/Naps _____

Eating Behavior _____

Meal Preference Meat Vegetarian 2% Milk No Milk

Major Family Changes (past, present, future) _____

Has your child had previous experience in group care? _____ If yes, please describe _____

In what way can we help your child this year? _____

Persons designated to call for child: (must also be noted on daily parent report)

Additional Information or Comments _____