

INFORMATION FOR TEACHERS 2024-2025

GENERAL

Child's Name _____

Birth date _____ Gender - Male _____ Female _____

Mother's Name _____ Age _____

Father's Name _____ Age _____

Sibling's Name _____ Age _____

Sibling's Name _____ Age _____

Sibling's Name _____ Age _____

Primary Phone Number (_____) _____ - _____

Primary Email address, please print clearly _____

Who has custody of the child? Mother _____ Father _____ both _____ other _____

Primary Language spoken in the home? English _____ Other (Please Specify) _____

Other adults in the home: _____ Pets _____

Has your child been enrolled in a previous childcare setting? Yes _____ No _____

PHYSICAL DEVELOPMENT

Were there any problems during pregnancy or childbirth? Yes _____ No _____

If yes, please explain _____

At about what age did your child walk? _____

Do you suspect any vision issues? Yes _____ No _____

Do you suspect any speech issues? Yes _____ No _____

Do you suspect any hearing issues? Yes _____ No _____

Is there any special dietary, health conditions or allergies about which we should know?

Are there any disabilities or delays about which we should know?

Is your child toilet trained? Yes _____ No _____

If not, please explain any progress _____

What play materials does your child enjoy? (indoor & outdoor)

INTELLECTUAL / SOCIAL / EMOTIONAL DEVELOPMENT

Does your child play with other children? Yes _____ No _____

Ages of his/her playmates _____

When playing with other children does your child appear (check all that apply)

confident _____	insecure _____	fearful _____	trusting _____	hostile _____
rebellious _____	loving _____	bossy _____	curious _____	happy _____
shy _____	friendly _____	giving _____	angry _____	calm _____
imaginative _____	fearless _____	clever _____	confident _____	clumsy _____
athletic _____	eager _____			

Are you aware of any fears or anxieties of your child? Yes _____ No _____

If yes, please explain _____

How much time is spent reading to your child daily? _____

What are your child's special interests? _____

About how much time does your child spend each day doing the following:

TV _____ Tablet _____ Smart phone _____ Video games _____

What three words would best describe your child to us?

Anxious _____	responsible _____	defiant _____	self-reliant _____
leader _____	follower _____	creative _____	

In what kind of situation will your child need the most help? _____

Do you feel you have discipline difficulties with your child? If so, how do you handle them?

What do you enjoy most about your child? (To be answered by **BOTH** parents)
