

## CHILD INFORMATION SHEET

Please complete this form in detail and bring it with you to your CONFERENCE appointment. The more information you can give us, the more help it is to our teachers.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name by which he is called: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Occupation of Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Names and ages of other children in family: \_\_\_\_\_

Other adults in the house besides parents (give relationship of child to each): \_\_\_\_\_

Does he/she have the opportunity to play with other children outside the family?: \_\_\_\_\_

Does your child need any help in the bathroom? \_\_\_\_\_

Favorite Play Materials: \_\_\_\_\_

Favorite Pastimes: \_\_\_\_\_

Types of family outings he/she enjoys: \_\_\_\_\_

Family Pets (kinds and names): \_\_\_\_\_

Special Problems:      Fears: \_\_\_\_\_

   Foods: \_\_\_\_\_

   Health: \_\_\_\_\_

   Allergy to Food or Materials: \_\_\_\_\_

Previous Serious Injuries or Illnesses: \_\_\_\_\_

Any other information that will help the teacher better understand your child: \_\_\_\_\_

Date: \_\_\_\_\_ Parents Signature: \_\_\_\_\_