

## Teacher Information Sheet

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday \_\_\_\_\_ Best number to reach you at \_\_\_\_\_

Address \_\_\_\_\_

Status of parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

If separated or divorced what is your child's living arrangement? \_\_\_\_\_

\_\_\_\_\_

Names and ages of other members in household(children, relatives, others) \_\_\_\_\_

\_\_\_\_\_

Child's favorite activities, likes, dislikes, fears, etc. \_\_\_\_\_

\_\_\_\_\_

Sleeping Patterns/Naps \_\_\_\_\_

\_\_\_\_\_

Eating Behavior \_\_\_\_\_

Major Family Changes (past, present, future) \_\_\_\_\_

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

\_\_\_\_\_

### **Pick-up Information**

The following persons have permission to pick-up my child when we (child's parents) are unable to:

| Name  | Relationship | Driver's license number |
|-------|--------------|-------------------------|
| _____ | _____        | _____                   |
| _____ | _____        | _____                   |
| _____ | _____        | _____                   |

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_