

Helpful hints for my teacher

Child's Name: _____

Nickname: _____

Has your child ever been in childcare? YES NO


 What is your child's sleeping habits?

Does your child currently take naps? YES NO

Does your child wear 'pull ups' during nap time? YES NO

Do they need any type of blanket/animal to comfort them ? YES NO


 How do you discipline your child?

 What is your child's eating habits?


Allergies: _____


Child Dislikes: _____

Parent Special Request: _____

 My child's strong qualities are:

 Areas I feel my child needs to work on are:

 Something I would like to see my child do at school is:

 What does your child use to comfort him/her self?

Teacher Information Card



Date: _____

Child's Name: _____ Sex: _____ Birthdate: _____

Child's Address: (Street) (City) (Zip) _____

Parent/Guardian Information:

Name _____

Cell# _____ Wk # _____ Hm# _____

Email: _____ Address: _____

Place of Employment: _____

Parent/Guardian Information:

Name _____

Cell# _____ Wk # _____ Hm# _____

Email: _____ Address: _____

Place of Employment: _____

Siblings- Name/Age _____

Allergies, special needs, fears: _____

AUTHORIZED PICK UP LIST IN CASE OF EMERGENCY:

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____