

Wesley United Methodist Preschool
TEACHER INFORMATION
2020-2021

Child's Name _____ (circle) Male / Female
(First) (Last)

Child's Nick Name _____ Birthdate _____

Address _____ Home Phone _____

Please **X** which is the primary contact:

Mother's email _____ Mother's cell _____

Father's email _____ Father's cell _____

Names of Family Members Living at Home:

Mom _____ Sibling Name (birthdate) _____ ()

Dad _____ Sibling Name (birthdate) _____ ()

Other _____ Sibling Name (birthdate) _____ ()

Other _____ Sibling Name (birthdate) _____ ()

Who cares for your child on a daily basis?

(circle) Parents / Day Care Provider / Other (specify) _____

Does your child hear a language other than English at home? (If yes, specify) _____

Does your child speak a language other than English at home? (If yes, specify) _____

Previous or current child day care programs and / or schools attending:

1. _____

2. _____

Physical Development / Allergies:

Are there any medical problems we should be aware of? (circle) Yes No

If yes, please explain: _____

Does your child have any allergies (food, medicine, insects, etc)? (circle) Yes No

If yes, please list: _____

Has your child had any professional evaluations for assessment of special needs or developmental delays? (circle) Yes No

If yes, please describe results: _____

Do you have any concerns or observations regarding the physical, cognitive or language growth and development of your child? (circle) Yes No

If yes, please explain: _____

What comforts your child? _____

Please add comments that will help us get to know your child: _____