

Child Information Form

Child's Name: _____ **Nickname:** _____

Parents' Names: _____ **Birthdate:** _____

Siblings: _____

1. Has your child attended school/daycare before? YES NO

2. Does your child receive special services?
(speech, occupational therapy, IEP) YES NO
If so, please explain:

3. Does your child have ALLERGIES? YES NO

If yes, what type? _____

4. Are there any custody issues the staff should know about? YES NO

5. What is the best way to soothe your child when upset?

6. How does your child learn best? (i.e. music, physical movement, hands-on)

7. What are your child's interests?

8. Does your child have any unique or special needs? YES NO

Explain: _____

Parent Signature: _____ **Date:** _____

Teachers' Signatures: 1) _____

2) _____