

Child Information Sheet

Name of Child \_\_\_\_\_ D.O.B \_\_\_\_\_ Male / Female

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Are parent(s) single, married, separated, or divorced? \_\_\_\_\_

Will this be the child's first "real separation" from Mom? \_\_\_\_\_  
Has child previously been enrolled in child care or nursery school? \_\_\_\_\_ If yes, where?  
\_\_\_\_\_  
Was it a pleasant experience? \_\_\_\_\_  
Does child attend Sunday school? \_\_\_\_\_ Which church? \_\_\_\_\_

Does your child have any allergies/medical issues or special/emergency medications?

Any physical/learning/eating/social/behavior issues?

Childs pets and names \_\_\_\_\_

Favorite toys, games, activities \_\_\_\_\_

Does your child cry easily? \_\_\_\_\_ If yes, how do you handle this? \_\_\_\_\_

What fears, if any, does your child have? \_\_\_\_\_

How do you handle these fears? \_\_\_\_\_

Does your child have any "nervous habits" such as thumb sucking or nail biting? \_\_\_\_\_ How are these habits managed at home? \_\_\_\_\_

Please list any additional information you think teachers need to know about your child.

What expectations do you have for your child this school year? \_\_\_\_\_

\_\_\_\_\_