



Personal Information Form

Please fill out this form for your child's teacher:

Child's name _____ Gender _____ Birth Date _____

Nickname (if any) _____

Child's home address _____

Parent #1, Name _____ Street _____ State _____ Zip code _____
Occupation _____

Home phone _____ Work phone _____ E-mail _____

Parent #2, Name _____ Occupation _____

Home phone _____ Work phone _____ E-mail _____

Religious affiliation _____ Caregiver's name _____

Names and ages of siblings _____

Names of other adults living in the home and relationship to child _____

Names and types of pets _____

Has your child been enrolled in any other childcare facility or playgroup? _____ If so, please
give details _____

Is your child toilet trained? ____ If so, does your child still need to be reminded to use the toilet?

Does your child have any allergies? ____ If so, please include specific details _____

Does your child take a rest or nap? _____

Does your child have any physical or other limitations that may affect his/her participation in our
program? ____ If, so please give details. _____

Has your child been evaluated by an early childhood professional? _____ If so, please give details _____

In your view, what are your child's strengths? _____

What are your child's likes and dislikes? _____

What things are you working on with your child? _____

Do you have any concerns about your child's behavior or emotional well being that the teacher should be aware of? _____

Please add any comments you think may be helpful to the teacher's understanding of your child.

Parent's signature _____

Date _____