

Wesley United Methodist Preschool
TEACHER INFORMATION
2017-2018

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

Child's Preferred Nick Name _____ Birthdate _____

Address _____ Home Phone _____
_____ Cell Phone _____
Mother's Work Phone _____
Father's Work Phone _____

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. _____
3. _____

Physical Development / Allergies:

Are there any medical problems of which we should be aware? (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 a hearing or speech evaluation? (circle) Yes No
Does your child have an IEP (Individual Education Plan)? (circle) Yes No
With whom does your child primarily play? (circle) Adults Children Alone

Does your child have specific fears? (circle) Yes No
If yes, please explain. _____

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

Parent Signature _____ Date _____