

Wesley United Methodist Preschool
TEACHER INFORMATION
2019-2020

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

Child's Preferred Nick Name _____ Birthdate _____

Address _____ Home Phone _____

Please **X** which is the primary contact: _____ Mother's cell _____

Mother's email _____ Father's cell _____

Father's email _____

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 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

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. _____

With whom does your child primarily play? (circle) Adults Children Alone

What comforts your child? _____

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