



69 E. Main Street  
Newark, DE 19711  
nmp@newark-umc.org  
302.368.1754

## Teacher Information Form

2024-2025 School Year

Please return by August 23

Name of Child \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Name to be used in the classroom \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Talents/Hobbies \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(former occupation if not working)

Name of parent/guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Talents/Hobbies \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
(former occupation if not working)

Emergency Contacts (please include 2 adults other than parents/guardians)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_

If there are any guardianship issues we should be aware of, please list them here

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Family Members (please list adults and children at home)

Name	Date of Birth (children only)	Relationship to child
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Other family members, important caregivers, or friends not living at home

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Family Pets \_\_\_\_\_

What are your child's interests? Favorite toys? \_\_\_\_\_

\_\_\_\_\_

Please describe your child's reaction to strangers: \_\_\_\_\_

\_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

\_\_\_\_\_

What do you consider the strongest characteristics of your child's personality at this stage of development?

\_\_\_\_\_

Has your child had any other group experiences? Have they ever been away from home and family? \_\_\_\_\_

\_\_\_\_\_

Family traditions/holidays celebrated \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Current physical concerns we should be aware of:

Speech, Vision or Hearing: \_\_\_\_\_

Allergies to food, medicine or animals (please specify) \_\_\_\_\_

(any food allergy requires an 'action plan' on file from your pediatrician)

Toilet Training \_\_\_\_\_

Other \_\_\_\_\_

Occurrence of ear infections ☐ almost never ☐ some ☐ frequent

Were there any unusual circumstances at the time of your child's birth? (i.e. difficult labor, prematurity, etc.)

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Has your child experienced any unusual accidents, illnesses or stressful situations? \_\_\_\_\_

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Has there been divorce, death, or illness in the family recently? \_\_\_\_\_

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Is there any other information the school should know? \_\_\_\_\_

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### Permission to share contact information

I give permission to Newark Methodist Preschool to share the following information with the other parents of my child's class. (please check the boxes below to indicate which information you are comfortable sharing)

☐ Child's name    ☐ Parent's Names    ☐ Address    ☐ Emails    ☐ Phone Numbers

If you are sharing a phone number, please list the number(s) you would like us to share on the class list

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Signed \_\_\_\_\_ Date \_\_\_\_\_

(signature of parent or guardian)

Please return this form with a 3x5 or 4x6 snapshot of your child and other enclosed forms by August 23.

Please notify the preschool office of any changes to the information provided above.