

TEACHERS' INFORMATION FORM

PLEASE RETURN BY AUGUST 25

In order to prepare the room for your child we need the following items returned by August 25:

1. A 3"x5" or 4" x 6" snapshot of your child. (One of your child alone, if possible: it will be returned in May.)
2. This Teachers' Information Form, Emergency Care Permission Form, and Release of Child Form, completed.
3. Health exam form signed by the doctor, including a list of immunizations, if not already returned. It was sent with the acceptance letter in the spring. If you have misplaced it you may print one off of our website or call the preschool office to send you a copy. This must be returned by September or your child may not attend preschool.

. Please print legibly in **blue or black ink** and return these in the enclosed addressed envelope. Thank you.

Name of child _____ Gender ___ Age ___ D.O.B ___/___/_____

Name to be used in the classroom _____

Full address _____

Housing development _____ Primary Phone Number _____

Name of parent or guardian _____ Relationship to child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____
(Include former occupation if not working now)

Talents/Hobbies _____ e-mail address _____

Name of parent or guardian _____ Relationship to child _____

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____
(Include former occupation if not working now)

Talents/Hobbies _____ e-mail address _____

Emergency contact _____ Phone _____
(Other than parents)

Relationship to child _____

If there are any guardianship issues we should be aware of, would you please note them here: _____

FAMILY MEMBERS

Names of adults and children at home	Date of birth (Children only)	Relationship to your child
1. _____	_____	_____
2. _____	_____	_____
3. _____	___/___/___	_____
4. _____	___/___/___	_____
5. _____	___/___/___	_____

(OVER)

Other stepfamily members, important relatives, caregivers, or close friends not living at home:

Name	Relationship to your child
1.	_____
2.	_____
3.	_____

Please list any pets your family has: _____

What are your child's interests? Favorite toys? Type of play? _____

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? Has s/he ever been away from home and family? _____

Family religious affiliation: _____

***Name of child's doctor:** _____ **Phone #** _____

Current physical concerns we should be aware of:

Speech, vision, or hearing _____

*Allergies to medicine, food or animals (please specify) _____

(For food allergies we require an "action plan" from your child's pediatrician)

Toilet training _____

Other _____

Occurrence of ear infections: _____ almost never _____ some _____ frequently

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

Please answer all questions

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

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

Is there any other information the school should know? _____

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 number you would like us to put on the class list _____

Parent/Guardian Signature

Date

PLEASE RETURN THIS FORM WITH A 3X5 or 4X6 SNAPSHOT, THE HEALTH FORM, PARENT PERMISSION SLIP AND RELEASE OF CHILD FORM BY AUGUST 25.

PLEASE NOTIFY THE PRESCHOOL OFFICE OF ANY CHANGES TO THE INFORMATION PROVIDED ABOVE.