



Child's Classroom Information Sheet

Child's Name _____ Nickname _____

Date Of Birth _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Does your child have any special needs? Yes No

If yes, please explain _____

(If your child has food allergies, a Modified Meals form must be completed by your child's doctor. Please see the owner or director to obtain this form.)

Has your child been away from parents before?

Sitter Daycare Grandparents Other _____

For toddler & preschool age children:

Is your child potty trained? Yes No Partially

What tasks does your child need help with?

Dressing/Undressing Eating Washing Hands/Face Going to Potty

Does your child have any special fears? _____

Does your family have any religious convictions that would prevent your child from participating in certain activities or eating specific food items?

If yes, explain _____

Does your child take a nap? _____

Does your child require anything to go to sleep? _____

Favorite Foods _____ Food Dislikes _____