

CLASSROOM INFORMATION SHEET

Child Information:

Child's Name: _____

Child's Nickname: _____

Date of Birth: _____

Allergies: _____

Diet Restrictions: _____

Special Need's or Concerns: _____

Previous Preschool Experience, if any: _____

Days and Times Child Will Attend:

Monday	Tuesday	Wednesday	Thursday	Friday

Family Information:

We want to be sensitive to your family views and beliefs, so please tell us more.

Family Heritage: _____

Primary Language: _____

Language(s) spoken in the home: _____

Who child lives with: _____

Names and Ages of Siblings: _____