

**INFORMATION FORM  
(FOR PROFESSIONAL USE ONLY)**

Information Form for \_\_\_\_\_ **Cooperative Preschool**

Return to (teacher's name) \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name to be used at school \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home address (include zip code) \_\_\_\_\_  
\_\_\_\_\_

Cell # or Preferred Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred Method of Communication:**    **Email**        **Text**        **Phone Call**

Persons in the household (use full name) \_\_\_\_\_ Relationship to child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets Type: \_\_\_\_\_ Pets Name: \_\_\_\_\_

What languages are spoken at home?  
\_\_\_\_\_  
\_\_\_\_\_

What interest or hobbies would you like to share with the classroom? Examples may include, gardening, cooking, music, art, etc...  
\_\_\_\_\_  
\_\_\_\_\_

Allergies & types of reactions (foods, medication, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

List foods that should **not** be served to your child due to allergies or cultural/religious reasons.  
\_\_\_\_\_  
\_\_\_\_\_

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List child's previous group experiences \_\_\_\_\_

\_\_\_\_\_

List child's fears \_\_\_\_\_

List any major changes or experiences in your child's life you would like the teacher to know about for increased understanding of your child's needs: i.e. relative's death, moving, divorce, hospital stay, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check if you have concerns about any of the following areas of development with your child.

Speech/Language     Hearing     Dental     Health     Vision

Intellectual Development     Large/small muscle coordination     Social/Emotional

Has your child been evaluated for any of the above?  Yes  No

If yes, which of the above? \_\_\_\_\_

By whom? \_\_\_\_\_ When? \_\_\_\_\_

Would you like child screening information?      YES                      NO

Best ways to comfort your child? \_\_\_\_\_

\_\_\_\_\_

What is your child's experience with potty training? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like the teacher to know about your child? \_\_\_\_\_

\_\_\_\_\_