



## PERSONAL INFORMATION TO BE SHARED WITH CHILD'S TEACHER

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Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parents name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Problems: \_\_\_\_\_

**Allergies: \*(Please fill out Allergy form at the front desk)**

\_\_\_\_\_  
Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Toilet Habits: \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Siblings (name/age): \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Special Interest: \_\_\_\_\_

Activities child should not engage in: \_\_\_\_\_

\_\_\_\_\_  
List any challenges you foresee your child's teacher may  
have with your child:

\_\_\_\_\_

\_\_\_\_\_  
Is there any other information that you believe would be  
helpful for the teacher to best meet your child's needs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_