

## Parent/Child Information Form for Teachers

### Judson Weekday

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian: \_\_\_\_\_

Best Contact Number: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Best Method of Communication: \_\_\_\_\_

Siblings (With Ages): \_\_\_\_\_

Address: \_\_\_\_\_

Email: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian: \_\_\_\_\_

Mother's Vocation: \_\_\_\_\_ Father's Vocation: \_\_\_\_\_

#### Child's Information

Language Spoken at Home: \_\_\_\_\_

What does your child call their grandparents: \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

Epi-Pen: YES NO      Inhaler: YES NO      Circle One: Diapers, Potty Training, or Fully Potty Trained

PDO: Naptime Comfort Object: \_\_\_\_\_

Naptime Routine: Sound machine: YES NO      Rock: YES NO      Music: YES NO      Bed: Baby or Regular

My Child's Favorite Things:

Color: \_\_\_\_\_ Toy: \_\_\_\_\_

Character: \_\_\_\_\_ Book: \_\_\_\_\_

Hobbies: \_\_\_\_\_ Games: \_\_\_\_\_

My Child does not like: \_\_\_\_\_

I would like you to know this about my child: \_\_\_\_\_

#### Parents – Please check if you would be willing to help in these areas:

\_\_\_\_ Participate on the Parent Advisory Team

\_\_\_\_ Be a parent class contact for the Parent Advisory Team

\_\_\_\_ Bring snacks on special occasions

\_\_\_\_ Volunteer on special days in the classroom

\_\_\_\_ Share: hobby, vocation, cultural of national origin, music, read books

\_\_\_\_ Interest in being a Room Parent

\_\_\_\_ Please list any other ways you would like to help: \_\_\_\_\_

