

Forest Chapel Preschool  
Teacher Information Sheet

Child \_\_\_\_\_ Name Used \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Experience \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers and Sisters Living at Home:

Name	Birthdate	Name	Birthdate
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Other siblings living away from home- \_\_\_\_\_

Any others living within the home (name and relationship) \_\_\_\_\_

How often do you read with your child? \_\_\_\_\_

Average Daily T.V. time \_\_\_\_\_

Pets in the home (include names) \_\_\_\_\_

How often does your child play outside? \_\_\_\_\_

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Does he/she play with other children the same age frequently? \_\_\_\_\_

Does child travel? \_\_\_\_\_ Where? \_\_\_\_\_

Does child take naps? \_\_\_\_\_ When, how often? \_\_\_\_\_

Does child spend the night(s) away from home? \_\_\_\_\_

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Is your child enrolled in other organized activities? \_\_\_\_\_

How does your child seem to get along in a group of children?

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List specifics-

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

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

Fears \_\_\_\_\_

At what age was your child potty trained? Include any information that would be useful to our staff.

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What expectations do you have for your child's preschool experience?

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