

**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) _____

Home phone _____ Parent work phones _____

Cell Phone _____ E-Mail _____ Fax# _____

| Persons in the household (use full name) | Age & Relationship to child |
|--|-----------------------------|
|--|-----------------------------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Was your child premature? _____ Yes _____ No If yes, give birth weight _____

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

List foods that should not be served to your child _____

List child's previous group experiences _____

INFORMATION FORM – Continued

List child's fears _____

List any major changes or traumatic experiences in your child's life: (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 or small muscle coordination

Behavior (overly active, difficult to discipline, short attention span, aggressiveness, overly shy or withdrawn, fearful, etc.) Please describe _____

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

If yes, which of the above? _____

By whom?

When?

