

**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
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Behavior (overly active, difficult to discipline, short attention span, aggressiveness, overly shy or withdrawn, fearful, etc.)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

