



**PRESCHOOL (2) HALF DAY CLASSROOM INFORMATION SHEET – 2016-2017  
STAFF – ANGELA MAMMON & AURA ESTRIN**

**CHILD'S FULL NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**REACTION:** \_\_\_\_\_

**ANY DAILY MEDICATIONS:** \_\_\_\_\_

**PARENT 1 FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **DAYS:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PARENT 2 FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **DAYS:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMERGENCY CONTACT PERSONS** (if parents are unavailable):

1 \_\_\_\_\_ **PHONE:** \_\_\_\_\_

2 \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Other family members:** \_\_\_\_\_

**Pets:** \_\_\_\_\_

**Hobbies (i.e. music, art, etc. that you would be willing to share with us):**

\_\_\_\_\_

Does your child nap? \_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_

Any special dietary restrictions? Please specify.

---

---

Any eating problems? Please specify.

---

Child's favourite activities: \_\_\_\_\_

---

Has your child attended other programs? Please specify.

---

---

Does your child have any fears? Please specify.

---

---

Is there anything else you would like to share with us about your child that would help us address his/her particular needs?

---

---

This questionnaire is to allow us a better understanding of your child and all information will be kept *confidential*.

**Please return to YOUR CHILD'S TEACHER by the**

**FIRST DAY of school.**

**PLEASE PRINT CLEARLY**