



Children First Information Form

Please return this confidential form. A copy will be given to your child's teacher. This helps us to better know and understand your child so that we may provide the best possible care and experiences.

School Year: _____

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____ Age _____

Allergies _____

Medical conditions _____

Is your child on any medication? _____ Why? _____

Describe any physical handicaps _____

Parent's Name _____ Date of Birth _____

Occupation _____ Office Phone _____ Cell _____

Parent's Name _____ Date of Birth _____

Occupation _____ Office Phone _____ Cell _____

Other adult's living with family or who share rearing _____

Who has custody of the child? _____

Siblings (names & ages) _____

Has your child attended another school? _____ If yes, reason for leaving: _____

Home Church _____

Please give information on the following where applicable:

Do you have any concerns about your child's speech, hearing, or vision? _____

Is your child potty trained? _____ If yes, please describe potty habits (uses special words, needs help, etc.) _____

Does your child still nap at home? _____ If so, when & how long? _____

Any special items your child needs at naptime? _____

Any special fears? _____

Other organized groups your child attends _____

Recent or upcoming experiences (moving, trips, new baby, etc.) _____

Favorite play materials/activities _____

Describe the type of discipline you have found most effective with your child: _____

What do you hope your child will receive from his/her Children First experience? _____

Is there anything else we should know about your child? _____

Do any of your family members have a hobby, talent, or special interest to share with the school children (music, profession, etc.) _____