

Carousel Child Development Center
Teacher Information Sheet

Date of Enrollment: _____

Child's Name: _____

Date of Birth: _____

Family Information:

Mother's Name _____

Father's Name _____

Occupation _____

Occupation _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Driver License # _____

Driver License # _____

Emergency Contacts and Persons Authorized To Pick Up:

Name _____

Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Driver License # _____

Driver License # _____

Relationship to child _____

Relationship to child _____

Other persons authorized to pick up your child:

Name _____

Driver License # _____

Name _____

Driver License # _____

Name _____

Driver License # _____

Number of siblings and their names _____

Social Development:

Has child attended day care before? _____ yes _____ no

How does your child spend his or her time? (indoors, outdoors, with siblings, friends, etc.)

What are his/her special interests? (painting, coloring, playing with blocks, etc.)

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Does your child need any self- help skills? (toilet training, dress his/her self, etc.)

Physical Development:

Was child's birth premature or difficult? _____

Are there any problems with vision? _____

Are there any problems with hearing? _____

Are there any problems with speech? _____

Does the child have any allergies? _____

Motor Coordination:

Check the ones that apply: Can your child _____ ride a bike _____ throw a ball

_____ hop, skip, run _____ read or write

Does your child have any physical limitations the staff needs to be aware of?

What is the child's energy level? (quiet, shy, active, etc.)

Emotional Development:

Does your child enjoy playing with other children? _____

Is your child fearful of new surroundings or parent separation?? _____

Does your child have temper tantrums? If so, what kind of strategies do you use at home?

What form of discipline do you use at home? _____

Is there any information that you would like to share with the staff?
