

Admission Date: _____
Withdrawal Date: _____

THE CHILDREN'S SPOT
1222 E. Debbie Lane
Mansfield, Texas 76063
817-473-0441
Director: Debbie A. Nicholls

Hours Enrolled: _____
Days Enrolled: _____

TEACHER INFO SHEET

CHILD'S FULL NAME: _____ Date of Birth: _____
CHILD'S NICKNAME: _____

PARENT'S or GUARDIAN'S NAMES: _____

SIBLINGS: _____

PETS: _____

Has your child had previous experience in out-of-home daycare? _____ *Full-time/Part-time*
If so, was the experience successful? _____ If there were difficulties, please describe: _____

Does your child understand what is said to him/her? _____ Is his/her speech clear? _____
Has your child exhibited a dominant preference to (circle the one that applies)
LEFT / RIGHT / BOTH.

Is your child completely toilet trained? _____ If so, what is their usual toilet routine? _____

Does your child accept correction easily? _____ What type of discipline and/or positive reinforcement is used in the home? _____

Do you read to your child routinely? _____ Does he/she enjoy the experience? _____ What is your child's favorite story or book? _____

How much television does your child watch daily? _____ What programs or shows does your child watch? _____

What is your child's favorite activity? _____

Does your child have any extracurricular activities such as dance, karate, soccer, etc? _____

Does your child have any special dietary needs or food allergies? _____

(**If there is a special diet needed for your child, we will need a doctor's note outlining details.)

Does your child have any other known allergies? _____ If so, please list and/or describe any reactions, and treatments. _____

Does your child take medications on a regular basis? _____ If so, please make sure that it is in the original container with the child's name, expiration date, and dosage. We must have a medication log filled out and signed by the parent for us to be able to administer the medication.

SPECIAL NEEDS:

List any special needs/problems that our child may have such as, allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: _____

Does your child have any emotional fears? _____ If so, what and how do you deal with them at home? _____

Do you, as the parent, have any special interests or hobbies that you would be willing to share with our class? _____

Would you be willing to assist with any special projects or field trips for our class? _____
If so, is there a specific day or time you will be available? _____

Please share with us any cultural diversities practiced in your home so we may apply them to the classroom when possible. _____

Do you have any terms at home that we should know...

Who does your child reside with? _____ Mother & Father, _____ Mother, _____ Father, _____ Mother & Stepfather, _____ Father & Stepmother, _____ Grandparents, _____ Other & please explain. _____

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Please take some time and tell us about your child's personality, likes~dislikes, etc. The more you are able to share with us, the easier it will be for us to help your child adjust to his/her new surroundings.

