

Teacher Classroom Information Sheet

Child's Name _____ Birthday: _____
Address _____

Mother's/Legal Guardian Name _____
Phone H (____) _____ W (____) _____
E-mail _____ Cell (____) _____

Father's/Legal Guardian Name _____
Phone H (____) _____ W (____) _____
E-mail _____ Cell (____) _____

1. If parents/guardian **cannot** be reached, contact:
Name _____ Relationship to child _____
Phone H (____) _____ W (____) _____
Cell (____) _____

2. If above can not be reached, please contact:
Name _____ Relationship to child _____
Phone H (____) _____ W (____) _____
Cell (____) _____

ALLERGIES- List all known:

- Food- _____
Reaction and management of reaction _____

- Medication- _____
Reaction and management of reaction _____

- Other allergies- _____
Reaction and management of reaction _____

Are there any other conditions physical, developmental, or psychological that would require special attention or limit participation in Concord Christian Preschool's program? Please explain what special care would be required:

