



Teacher/Child Information Form

Child's Name _____ Class _____

Has your child attended any previous early childhood programs & if so where did they attend?

What are your child's special interests/favorite things to play?

What are your expectations of this program/How can the GWG staff best help your child this year?

Is your child receiving any special services? (ie. speech therapy, physical therapy etc.) If yes, please explain.

Which is your child's dominant hand? _____ Left _____ Right _____ Uses Both

Will there be anyone other than parents regularly dropping off/picking up your child? If yes, please list name and relationship.

Is your child potty trained? Yes _____ No _____ If yes, for how long? _____

Does your child need a reminder to use the toilet?

Is there anything else we should know about your child's toileting habits?

Pets? Please name _____

Church you attend, if any _____

Any other information you would like to share?