



# Teacher Information Form

Child's Name:			
Child's Date of Birth:			
Class (circle one):	2's	2/3's	3/4's
Please comment on your child's development, giving information that will be useful in the provision of care (favourite activities, habits, routines, fears, etc.)			
Are there any health problems, allergies or dietary restrictions that we should be aware of?			
Who will bring your child to the Playschool?			
Does your child have difficulty separating from his/her parents?			
Who will pick your child up from the Playschool?			
Is your child toilet trained?			
What are your toileting words?			



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<p>What are your main techniques for dealing with discipline?</p>	
<p>What's going on in your child's life right now?</p>	
<p>What do you expect your child to gain from the Playschool experience?</p>	
<p>What do <u>you</u> expect to gain from being a member of our co-op?</p>	
<p>Are there cultural celebrations that you would like to share with the playschool? If so please give details.</p>	
<p>Is there anything else you'd like to share with the teachers?</p>	