

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. \_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

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