KIDS TOWN CHILD DEVELOPMENT CENTER General Information for Your Child's Teacher

Date:	Child's Full Na	me:		_
Nickname:		Age:	Birth Date:	_
Who will usually	drop off/pick up you	r child?		
Is s/he looking fo	orward to anything in	particular?		
			amily:	
Do you have any	pets?			
	- -	_	ng family, home situation, or child's health	ı?
What calms you	r child when unset?			
	s (darkness, noises, et			

Please tell us anything you'd like us to know	w about y	our ch	ild			
Does your child go down easily for naps?	v long	does your c	hild nap?			
Any comfort items your child uses for nap to	ime?					
What methods do you use to respond to neg	ative beh	avior?				
FEEDING/TO	ILETING	INFO	RMATION			
avorite foods: Least favorite:						
My child sits at while eating: (circle one)	table	booster seat		highchair		
				_		
Toilet trained? (has no/very few accidents)		() YES () N () YES () N				
Needs reminding? Needs help washing hands?		ES ES				
1 0	, ,		, ,			
How does your child gesture or communicat	te they ne	ed to u	ise the bath	room?		
	REFERR	$\underline{\mathrm{AL}}$				
Kids Town Child Development Center was	,		oy:() Job &	Family Services		
() Yellow Pages () Friend/Relative () Ne		() D-	irra hrr/Ciana	- () O4l		

() Kids Town Family					
PARENTAL INVOLVEMENT					
Please indicate the ways in which you would be interested in getting involved in your child's					
education.					
() Share special skill or hobby with class					
() Read to children in clubhouse() Chaperone field trips					
() Help out during special events (Open houses, parent nights, etc.)					
() Share special family traditions with the class					
() Attend parent conferences					
() Read aloud to your child every day					