

RHEMA CHILD DEVELOPMENT CENTER
Child/Teacher Information Sheet

Child Name: _____ Nick-Name: _____

Date of Birth: _____

Parents Name:

Mom: _____ Pager/Mobil: () _____

Home Phone: () _____ Work: () _____

Dad: _____ Pager/Mobil: () _____

Home Phone:() _____ Work: () _____

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other family that resides in the home:

Does your child have any friends/acquaintances at RCDC? (circle one) Yes No

If yes, who are they? _____

Favorite Toy: _____

Favorite things to do: _____

Child sleeps on: side tummy back (circle one)

Does your child have a sleep enhancer: (doll, etc.) _____

Food Dislikes: _____

Allergies: _____

Ongoing Medication: _____

Fears: _____

What special thing do you do to comfort when he/she is crying? _____

How does your child react to new situations? _____

Describe your child's temperament (shy, outgoing, a leader, strong willed, etc.)

Additional information that affects your child's behavior _____

Thank you for helping RCDC staff know your child better.