



Date Completed

TEACHER INFORMATION FORM
INFORMATION ON THIS FORM IS CONFIDENTIAL

Child's Name: _____ Nickname: _____

Address: _____ D.O.B. _____

City: _____ State: _____ Zip: _____ Home Phone: _____

CHILD'S PRE-SCHOOL EXPERIENCE

School(s) Attended: _____ How Long? _____

_____ How Long? _____

_____ How Long? _____

Number of previous years at HMCDS: _____ Summer Camp: Yes No

If your child attended HMCDS during a school year or summer camp, who was your child's teacher?

HOME BACKGROUND

Father's Name: _____ Profession: _____

Mother's Name: _____ Profession: _____

Other Children (Names & Ages): _____

Pet(s): _____

ON THE BACK (or attach a separate sheet of paper if necessary)

1. Please describe your child. (It would be helpful if you could include in your answer any information on special problems which the classroom teacher should be aware of.)
2. Please describe what you hope HMCDS will do for your child this year.
3. Please indicate any fears your child may have.