

**TEACHER INFORMATION SHEET
BUNNIES & BEARS**

CHILD'S FULL NAME _____

NICKNAME _____

BIRTHDATE _____

PARENT'S NAMES _____

HOME PHONE _____

HOME ADDRESS _____

CITY _____

ZIP CODE _____

EATING HABITS _____

ALLERGIES (FOOD OR MEDICINE) _____

HEALTH CONCERNS _____

NAPPING HABITS _____

KNOWN FEARS _____

Turn over and continue

Toilet Habits

Is your child (circle one): toilet trained diapers in the process of being trained

If your child is a boy and toilet trained, does he sit or stand at the toilet? _____

Does your child need a diaper on at naptime? Yes No

Please inform us if there is anything else we need to know about your child's bathroom habits _____

Please write anything that we should know to help us better care for your child.

List your child's siblings and ages.
As the teachers interact with your child, it helps to know the names of family members.

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____