



Main Street Kids School
Student Information for Classroom Teacher
2009-2010

Child's Name _____ Birthday _____

Parent's Names _____

Address _____ City _____ Zip _____

Phone _____ Alternate (Mom) _____ Alternate (Dad) _____

Siblings (names & ages) _____

Primary Language Spoken at Home: _____

List all Allergies: _____

Previous Mother's Day Out, Day Care or Preschool programs your child has attended: _____

Is your child

Right or left handed? _____

Well Coordinated? _____

Clumsy? _____

Good with their Hands? _____

Impulsive? _____

Excitable? _____

Restless? _____

Shy? _____

Domineering? _____

Happy? _____

Does your child

Exhibit daredevil behavior? _____

Have Unusual fears? _____

Talk well? _____

Have a good attitude about themselves? _____

Get along with other children? _____

Have a good appetite? _____

Sleep soundly at night? _____

What would you like for your child to gain from his/her experience this year? _____

How much television does your child watch in the average day? _____

What are his/her favorite shows? _____

List some activities that your entire family participates with your child: _____

Does your child have any pets? If so, name them. _____

Does your child have any imaginary playmates or security items? _____

What are his/her favorite outdoor toys? _____

What are your child's favorite books/stories? _____

What is your child's approximate bedtime? _____

What is your child's attitude at bedtime? _____

What methods of discipline do you use at home? _____

***ABOUT THE PARENTS:**

I am interested in volunteering in the classroom by being a room parent:

(helping organize parties, assisting with projects, etc)

I can volunteer during school hours – Yes _____ No _____

I can help by doing projects at home and sending them back in – Yes ___ No ___

I am interested in being a part of the Main Street Kids School parent group

Child's Name _____

Name _____ **Email** _____

Phone _____