Classroom Reference Form

Child's Name: _____ **DOB:**_____

Contact 1: _____ **Contact 2:**_____

Email 1:_____

Email 2:_____

Allergies (Allergy Plan Form Required)

YES **NO**

Comments

Typical Time of Arrival / Departure _____ /_____

Will your child arrive each day for 9 a.m. snack? Y N

Will your child eat meals provided by the center? Y N

Do you mind staff assisting you at goodbye? Y N

Who will be accompanying your child each day? Dad Mom Other _____

Does your child have an IFSP or IEP? Y N

Is your child independent in the bathroom? Y N _____

Does your child have fears? Y N _____

Does your child speak another language? Y N _____

Does your child dislike certain textures? Y N _____

Use one word to describe your child. _____

What is important to you for your child to accomplish this year?

_____

_____