



Information for the Teacher

All About _____ Boy _____ Girl _____
(child's name)

Date _____

My nickname
is _____

My Birthday is _____

My home phone is _____

My address is _____

City State _____

Potty trained Yes _____ No _____

Working on it _____ (please provide specifics of process)

My father's name is

My mother's name is

I live with

My brothers and sisters are:

(name) (age/date of birth)

(name) (age/date of birth)

(name) (age/date of birth)

Others living in my home are:

(name/relationship) (name/relationship)

(name/relationship) (name/relationship)

_____ I share my room _____ I do not share my room

My favorite pastime is

My favorite toys are

My babysitter is

My pet is a _____

Named _____

I am afraid of

ALLERGIES

I am allergic to:

This is what happens when I am allergic to something:

My allergy is caused by:

Release Information

Other than parent/guardian listed, I hereby authorize MDO to allow my child to leave ONLY with the following persons: (any changes must be made in writing to the office)

Name: _____

Relationship _____

Drivers License Number _____

Phone Number _____

Name: _____

Relationship _____

Drivers License Number _____

Phone Number _____

Name: _____

Relationship _____

Drivers License Number _____

Phone Number _____