

Cherry Hill United Presbyterian Preschool (CHUP)
TEACHER'S PERSONAL INFORMATION SHEET

Child's Name: _____ Preferred Name: _____

Parent's Name: _____ Home Phone: _____

Child's Birthdate: _____ Business Phone: _____ Mom/Dad

Person other than parent to contact in case of emergency: _____ Phone: _____

Who does child live with? _____

Names/ages of other children in the family: _____

What is the primary language spoken in the home? _____

Does your child speak English? _____

Does your child have any fears, allergies or health problems the teacher should be aware of? _____

If yes, please explain: _____

How does your child react when upset? _____

Are there any special needs, behavior problems, learning disabilities, difficulties with speech, walking, etc that the teacher should be aware of? _____

Do you have any special talents such as musical ability or hobbies, etc that you are willing to contribute?

Mother _____ Father _____

Collections such as dolls, shells, postcards, and/or equipment you are willing to bring on the days you work

Do you know someone who is in a special profession (fireman, nurse, etc) who would be willing to share their job experience and duties with the children? _____

Are you interested in substitute teaching? _____

Qualifications? _____

Are you Pediatric CPR certified? _____ OSHA/Universal Precaution trained? _____

Why are you sending your child to nursery school? _____

Have you worked in a co-op nursery before? If yes, which one? _____

Please put additional comments on the back.