Teaching Time Academy
Classroom/Database Information Form

Child's Name   _____   DOB: _____

Mother's Name: _____   Father's Name: _____

Address: _____   Address: _____

City, State Zip   _____   City, State Zip   _____

Home Phone: _____   Home Phone: _____

Cell Phone: _____   Cell Phone: _____

Work Phone: _____   Work Phone: _____

Parents are: Married   Divorced   Separated   Remarried

Please give instructions regarding your arrangements as they effect the child while at YOUR CENTER NAME.

_____

_____

Please provide siblings' names and ages

1.   4.

2.   5.

3.   6.

Is the child adopted?   Y   N   If so at what age? _____

If so, has he/she been informed about his/her adoption?   Y   N

How would you describe your child's normal disposition? _____

_____

Doe he/she have any specific fears or phobias? If so, please describe them.

_____

_____

What means of discipline do you find most effective? _____

_____

Describe the experience your child has had playing with other children.
_____

_____