

Northway Christian Day School
Mother's Day Out 2007 – 2008
Information Sheet

Class _____ Day(s) _____

General Information

Child's Name _____

Birthdate _____ Name used at home: _____

(Birth to 18 months) Specify if sitting up, crawling, walking: _____

Specific Information

Is your child potty trained? _____

If so, please list terms used _____

Please list special security items for your child and what they are called: _____

Please list any food allergies and/or medical concerns: _____

Please list any other special information we should know about your child: _____

Play habits, unique phrases, pretend games, etc: _____

Does your child have any fears? If so, please explain: _____

Names of siblings or family members that your child might talk about: _____

Type of pets, if any, and their names: _____

This form will remain in your child's school folder and a copy will be in a notebook in your child's classroom for teacher reference. Please include any additional information that might be helpful to the teachers and school staff: _____