



Orchard Park Co-op Preschool

# Orchard Park Cooperative Preschool

*Committed to Excellence in Preschool Education*

## TEACHER'S RECORD

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

How would you prefer your child to be addressed? Nickname? \_\_\_\_\_

What name would you prefer your child to learn to print? \_\_\_\_\_

Do both parents live with the child? \_\_\_\_\_

Do you consider your child:  Shy  Outgoing  Aggressive  Other \_\_\_\_\_

Additional information: \_\_\_\_\_

What activities does your child enjoy indoors? \_\_\_\_\_

Outdoors? \_\_\_\_\_

Has your child had group experience? \_\_\_\_\_

Did he/she enjoy it? \_\_\_\_\_

Does your child use a "security" object?  Yes  No What is the object? \_\_\_\_\_

When does your child use it? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Does your child need assistance in the bathroom? \_\_\_\_\_

Additional comments that will enable us to know your child better: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\* Please return this form to the Co-op as soon as possible \*\*\***

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Attn: Registration

P.O. Box 228

Orchard Park, NY 14127