



TIGARD PLAYSCHOOL, INC.

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TEACHER'S INFORMATION FORM

Class (please circle): 2's 3's Mixed-Age 9am Mixed-Age 10am Pre-K

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Home Address: _____ Home Phone: _____

City: _____ Postal Code: _____

Father's Full Name & Occupation: _____

Mother's Full Name & Occupation: _____

Other Work Experience: _____

Child's Personality & Behavior: _____

Does s/he have any physical condition/disabilities the teacher should know of? YES NO If yes, please explain:

Other Children in the Family (include name, age, date of birth & gender):

Are there other adults living in the home? YES NO If yes, please explain the relationship to the child below:

Does the child have playmates other than family? YES NO If adopted, does s/he know? YES NO

Has your child had any prior group experiences? (preschool, church, babysitters) YES NO If yes, which kind?

Divorce in the family? YES NO If yes, with whom does the child live? _____

Are there any religious observances or restrictions we should know about? YES NO If yes, please explain:

Parent's Signature: _____ Date: _____

Tigard Playschool, Inc. does not discriminate on the basis of race, color, national and ethnic origin.