



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 learn to print? _____

Do both parents live with the child? _____

List names and ages of other children in the family: _____

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 *****

Orchard Park Cooperative Preschool
Attn: Registration
P.O. Box 228
Orchard Park, NY 14127