

WOODLAND PRESBYTERIAN CHURCH EARLY LEARNING CENTER
5824 Berkley Drive, New Orleans, LA 70131
(504) 394-7877 Ext.19

INFORMATION SHEET

Child's full name: _____ Date of birth: _____

Name by which child is called: _____

Address: _____ Phone: _____

Father's name/address: _____

Father's employer: _____ Phone: _____

Mother's name/address: _____

Mother's employer: _____ Phone: _____

Siblings (names and ages): _____

Primary caretaker: _____

Others living in home: _____

Favorite activities: _____

Child's general health condition (Include allergies and serious illnesses): _____

How does the allergy affect your child? _____

Daily medication: _____

Describe any developmental delays your child may have and what evaluations, plans
and/or goals have been prepared for your child: _____

Any hearing difficulties? _____

Any vision difficulties? _____

Any speech difficulties? _____

Any gross motor skill difficulties? _____

Any fine motor skill difficulties? _____

What would you like us to know about your child (interests, fears, social development, etc.)?

Is there anything in particular you would like your child to gain from his or her experience at the Woodland ELC?

Do you have a talent or skill you would like to share with your child's class? _____
