



# Robins Nest Learning Center

## CLASSROOM INFORMATION

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

This information is for your child's teacher.  
Please fill out completely for a nice first day transition.

Could you please provide us with a family picture so we can add your family to our classroom tree?

Child's Legal Name: \_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any daily medications taken (frequency & dosage):  
\_\_\_\_\_

Any known fears of child's: \_\_\_\_\_

Things to provide comfort to your child: \_\_\_\_\_

Is your child potty trained? Yes  No

Does your child still have potty accidents? Yes  No

Can your child write their name? Yes  No

The name you would like your child to learn to write:  
\_\_\_\_\_

Best way to communicate? Text  Email

Cell Phone Carrier: \_\_\_\_\_

Email: \_\_\_\_\_

Facebook: Follow us on Robin's Nest Learning Center Page!

### State of Illinois

### Illinois Department of Children and Family Services

### Verification of Receipt

I/We, \_\_\_\_\_  
*Please Print Name(s)*

parents of \_\_\_\_\_, hereby certify that I/We have  
*Name(s) of Child(ren)*

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_