



Child's Information Sheet

Full name of child _____ Nickname _____

Date of birth _____ Sex _____

Home Address _____

Town _____ Zip _____

Phone _____ Cell phone/Pager _____

Email address _____

Full name of mother _____

Occupation _____ Work Phone _____

Full name of father _____

Occupation _____ Work Phone _____

Brother(s) and sister(s) name _____ Age _____

_____ Age _____

_____ Age _____

What school district will your child be attending? _____

In what year will he/she start kindergarten? _____

Are you considering giving your child an extra year? _____

Person(s) to call in case of an emergency, if parent is not home:

1. _____ Phone # _____

2. _____ Phone# _____

Family Physician _____ Phone # _____

Dentist _____ Phone # _____

Please specify any pertinent medical information we should be aware of: _____

Are there any foods your child is allergic to? _____

Is your child toilet trained or in the process of being trained? _____

Is your child: right handed _____ left handed _____ both _____

Will this be your child's first experience away from home? _____

Will your child sit and listen to a story? _____

Do you have any concerns regarding your child's speech/articulation? _____

Do you have any concerns with your child's fine motor skills ie: grip, coloring, cutting _____

Has your child had any play experiences with his/her peers? _____

Is your child able to separate from you? _____

Has your child attended any other nursery school or daycare program? _____

If yes, what program did they attend? _____

Has your child ever been evaluated through the "Early Intervention" program and/or a preschool agency? _____

Has your child ever received itinerant services for speech, special ed, OT or PT? _____

What do you expect your child to gain from his/her nursery school? _____

Would you like your name & phone number on a class list? Yes _____ No _____

Would you be willing to drive for our field trips? Yes _____ No _____

Additional information about your child _____

Mail completed form back with your Program Registration Form.