



NURSERY SCHOOL INFORMATION

1. Child's Name _____ Nickname _____

2. Address _____

3. E-mail _____

4. Phone _____ 5. Birthdate _____ 6. Sex _____

7. Prospective Elementary School _____

8. Parent's name _____ 9. Marital status _____

10. Education _____

11. Occupation _____

12. Business address _____

13. Business phone _____ Cell phone _____

14. Parent's name _____ 15. Marital status _____

16. Education _____

17. Occupation _____

18. Business address _____

19. Business phone _____ Cell phone _____

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20. Siblings in family (first & last names):	Ages
_____	_____
_____	_____
_____	_____

21. Has the child attended any other school or had previous group experience?
If so, what/where?

22. Are there others living in your home, e.g., household help, nanny (part-time, live-in).
If so, please list their names.

23. Does your child have any pets? If so, what are they?

24. Does your child have his/her own room? If not, with whom does he/she share?

25. How does your child indicate his/her need to use the toilet?

26. Does your child have any allergies? Describe.

27. Does your child have any special learning needs (e.g., speech, OT, PT)?
Please describe.

28. Has your child been evaluated by Early Intervention (EI)? If so, please describe

services received.

29. Does your child have any fears? If so, what are they?

30. What helps to reassure your child?

31. Describe how you discipline your child.

32. How does your child react when angry?

33. What does your child enjoy most?

34. What is your cultural/ethnic/religious background? (Optional)

35. What holidays and special events are celebrated in your family?

36. What are some of your family's favorite foods?

37. What languages are spoken in your home?

38. How does your family enjoy spending time together?

39. Is there anything else you feel we should know to better understand your child?

40. What are your expectations for the school year?
