

Presbyterian Nursery School
64 Oswego Street
Baldwinsville, NY 13027
(315) 635-7391

Child and Family Information

The purpose in securing this information is to help the staff understand your child better and be able to help your child grow in his/her pre-school experiences. Your child's care while he/she is at the school is a responsibility we share.

CHILD'S NAME _____ BIRTHDATE _____
PARENT'S NAMES _____
ADDRESS _____
HOME TELEPHONE# _____ CELL PHONE # _____
OCCUPATION OF FATHER _____
WORK TELEPHONE # _____
OCCUPATION OF MOTHER _____
WORK TELEPHONE# _____

**

NAMES AND AGES OF OTHER CHILDREN IN FAMILY _____

ANY RELATIVES OR OTHER ADULTS OR CHILDREN NOT OF THE IMMEDIATE
FAMILY LIVING IN THE HOME? _____ IF YES, PLEASE LIST: _____

PARENTS--MARRIED ___ SEPARATED ___ DIVORCED ___
DECEASED ___ NEVER MARRIED ___

Has your child attended nursery school, Sunday school, day care or any other group
activity? _____ If so, where? _____

GENERAL HEALTH

What communicable diseases has your child had? (PLEASE CHECK)
MUMPS ___ RUBELLA (GERMAN MEASLES) ___ CHICKEN POX ___
WHOOPING COUGH ___ FIFTH DISEASE ___ OTHER _____

Any serious illnesses or hospitalization? _____

Any physical disabilities? _____

Allergies? (Asthma, hay fever, insect bites, medicines, etc.?) _____

Forms are due by May 31st to Director

Any eating problems or FOOD ALLERGIES? Is so, please list. _____

Are any medications given regularly? If so, please list. _____

Toilet Training

Can your child be relied upon to indicate his/her bathroom needs? _____

What words does your child use to indicate he/her needs? _____

Does your child wet his/her bed at night? _____

Does your child have accidents during the day? _____ If so, how does the child react to them? _____

Does your child need help with toileting? _____

Sleep Habits

What time does your child go to bed? _____ Awaken? _____

Does your child take naps? _____ For how long? _____

Behavior

If your child is upset, how does he/she show feelings? _____

Is your child frightened by anything? _____

General

Briefly describe your child (personality, likes, dislikes, etc.)- _____

In what particular ways can we help your child this year? _____

Is your child currently receiving special services for speech etc? _____