

Reformation Nursery School 2016-17

Child Information Sheet

Child's full name _____ Birth Date _____

Name you would like used at school _____

<u>Parent/Legal Guardian #1</u>	<u>Parent/Legal Guardian #2</u>
Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____
e-mail: _____	e-mail: _____

Brothers and sisters of your child (names and ages):

Other members of household (give relationships): _____

Additional Information

Is your child right or left handed? _____

Does your child have any special fears that you are aware of? If so, what are they? _____

How would you describe your child's personality? _____

Has your child had any special problems that we should be aware of? _____

Does your child have any Food or other allergies? (be specific) _____

Has your child had any serious illness or accident? _____

Do you have a special interest, occupation, or hobby you could share with our students?

Any other comments? _____