

# Reformation Nursery School 2017-18

## Child Information Sheet

Child's full name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name you would like used at school \_\_\_\_\_

### Parent/Legal Guardian #1

### Parent/Legal Guardian #2

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

1. Does your child have any Food or other allergies? If yes, be specific \_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any special fears that you are aware of? If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any special needs? (If yes, be specific) \_\_\_\_\_  
\_\_\_\_\_
4. Has your child been evaluated for special services (i.e. speech, lang., ot, pt)? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any previous preschool experience? If yes, where? \_\_\_\_\_
6. Is your child right or left handed? \_\_\_\_\_
7. How would you describe your child's personality? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you have a special interest, occupation, or hobby you could share with our students?  
\_\_\_\_\_

Any other comments? \_\_\_\_\_