

Reformation Nursery School 2024-25

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. Any other comments? _____
