



FAMILY INFORMATION

Child's first and last name _____ Nickname _____ Birthdate _____

Address _____ Home phone _____
Street City Zip

Parent/Guardian first and last name _____ Cell phone _____

Address _____ Occupation _____
Street City Zip Work Phone _____

Parent/Guardian first and last name _____ Cell Phone _____

Address _____ Occupation _____
Street City Zip Work Phone _____

Name/ages of siblings _____ Family Email _____

Language(s) spoken in the home _____ Language Translation required? _____

Emergency Contacts (must be local):

1. Name _____ Home phone _____ Cell phone _____

2. Name _____ Home phone _____ Cell phone _____

Is this your child's first Nursery School Experience? _____ If no, where did he/she attend? _____

Please list any allergies or health issues:

Allergies _____

Reaction _____

Other _____

Does your child have an IFSP (Individualized Family Service Plan) through Early Intervention or an IEP (Individualized Evaluation Plan) through CPSE? Yes _____ No _____ If yes, please share a copy with your child's classroom teacher on your child's first day. Let us know if your child receives any services or has had any evaluations for services:

Speech _____

Occupational Therapy _____

Physical Therapy _____

SEIT Provider _____

Feel free to add any information that would help us to better understand your child (fears, nervous habits, toileting issues, adoption, surgery hospitalization, etc.). Please check if there is additional information on the back of this page.