



103 Laurel Hill Road, Northport, NY 11768

(631) 261-6586

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FAMILY INFORMATION

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

Address _____ Home Phone _____

Street

City

Zip

Parent/Guardian First & Last Name _____ Cell Phone _____

Address _____ Occupation _____

Street

City

Zip

Work Phone _____

Parent/Guardian First & Last Name _____ Cell Phone _____

Address _____ Occupation _____

Street

City

Zip

Work Phone _____

Name/ages of siblings _____ Family Email: _____

Language(s) spoken at home _____ Language Translation Required? _____

Emergency Contacts (must be local):

1. Name _____ Cell Phone _____

2. Name _____ 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 include a copy with this form. Check below if your child receives any of the following services:

Speech _____ Physical Therapy _____ Occupational 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 _____