

**Presbyterian Nursery School
64 Oswego St.
Baldwinsville, NY 13027
(315) 635-7391**

Child and Family Information

The purpose in securing this information is to help the staff better understand your child and be able to help your child grown in his/her preschool experiences. Your child's care while he/she is at the school is a responsibility we share.

Child's Name _____ **Birthdate** _____

Parent's Names _____

Home Phone # _____ **Cell Phone #** _____

Occupation of Father _____ **Work Phone #** _____

Occupation of Mother _____ **Work Phone #** _____

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Names and ages of other children in family _____

Anyone that is not immediate family living in the home? YES or NO

If Yes, please list: _____

Parents: Married ____ **Separated** ____ **Divorced** ____ **Domestic Partners** ____

Deceased ____ **Never Married** ____

Has your child ever attended preschool, Sunday school, daycare or other group activity? YES or NO

If so, where? _____

GENERAL HEALTH

Has your child had any of the following communicable disease (if so, please check)?

Mumps__ **Rubella (German Measles)** __ **Chickenpox**__ **Whooping Cough**__ **Fifths Disease**__

Any serious illnesses or hospitalization? _____

Any physical disabilities? _____

Environmental allergies (asthma, hay fever, insect bites, etc)? _____

Any **food allergies** or eating problems? YES or NO

If yes, please list. _____

Any medications given regularly? YES or NO If yes, please list. _____

Toilet Training

Can your child be relied upon to indicate his/her bathroom needs? _____

What words does your child use to indicate his/her needs? _____

Does your child have accidents during the day? _____ If so, how does the child react to them?

Does your child need help with toileting? _____

Sleep Habits

What time does your child go to bed? _____ Awaken? _____

Does your child take naps? YES or NO If yes, for how long? _____

Behavior

If your child is upset, how does he/she show their feelings? _____

Is your child frightened by anything? _____

General

Briefly describe your child (personality, likes, dislikes, etc) _____

In what particular ways can we help your child this year? _____

Is your child currently receiving services for speech, OT, PT? _____
