



# Child Information Form

Date Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Email Address for School Correspondence: \_\_\_\_\_

### Parent / Guardian #1

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home  Cell  Work

Alternate Phone: \_\_\_\_\_

Home  Cell  Work

### Parent / Guardian #2

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home  Cell  Work

Alternate Phone: \_\_\_\_\_

Home  Cell  Work

## I. Family Profile

A. List all persons living in the same home as the child:

Name	Relationship	Date of Birth

B. Do you have any particular skill or family tradition you would like to share with the class?

\_\_\_\_\_

C. Was your child adopted?  Yes  No If yes, at what age? \_\_\_\_\_ Does your child know this?  Yes  No

D. Languages spoken in the home: \_\_\_\_\_ Language mostly used with your child: \_\_\_\_\_

E. How do you discipline your child?  Reasoning  Time-out  Spanking  Other \_\_\_\_\_

F. Have any of the following events happened in your family? If checked, please elaborate:

- New Baby \_\_\_\_\_
- Blended Family \_\_\_\_\_
- Move \_\_\_\_\_
- Loss of Pet \_\_\_\_\_
- Divorce \_\_\_\_\_
- Hospitalization \_\_\_\_\_
- Death \_\_\_\_\_

## II. Child Profile

A. Type of Birth:  Full-term  Premature

B. Allergies:  Food: \_\_\_\_\_  
 Environmental: \_\_\_\_\_  
 Other: \_\_\_\_\_

Answer the following questions about your child. Please elaborate if necessary.

C. Speech: Is your child able to verbalize his/her needs?  Yes  No \_\_\_\_\_  
Is your child currently receiving speech therapy?  Yes  No \_\_\_\_\_

D. Toileting: Does your child tell adults when he/she needs to use the toilet?  Yes  No \_\_\_\_\_  
Do you need to remind your child?  Yes  No \_\_\_\_\_  
Does your child toilet independently?  Yes  No \_\_\_\_\_  
Does your child soil or wet his clothes frequently?  Yes  No \_\_\_\_\_

E. Dressing: Does your child need help dressing/undressing?  Yes  No \_\_\_\_\_

F. Habits: Does your child have any comfort habits/objects?  
(e.g. thumb sucking, blanket)  Yes  No \_\_\_\_\_

G. Sleeping: Does your child take a daytime nap?  Yes  No \_\_\_\_\_  
Does your child usually sleep through the night?  Yes  No \_\_\_\_\_  
Does your child have his/her own room?  Yes  No \_\_\_\_\_  
What time does your child: go to bed? \_\_\_\_\_ get up? \_\_\_\_\_

H. Social/Emotional: (Please give detailed answers)

a. How does your child feel about coming to school? \_\_\_\_\_

b. Do you anticipate your child having difficulty separating at school? \_\_\_\_\_  
\_\_\_\_\_

c. How does your child react when you leave him/her? \_\_\_\_\_

d. With whom do you leave your child? \_\_\_\_\_

e. Describe child's relationship to parents and siblings. \_\_\_\_\_

f. How does your child relate to adults outside your family? \_\_\_\_\_

g. Does your child have any specific fears? \_\_\_\_\_

h. How does your child react to: Music: \_\_\_\_\_  
Stories: \_\_\_\_\_  
Group Situations: \_\_\_\_\_

## II. Child Profile (continued)

- i. How does your child deal with frustration, anger, etc. \_\_\_\_\_  
\_\_\_\_\_
- j. Does your child play well independently? \_\_\_\_\_
- k. Does your child play well with other children? \_\_\_\_\_
- l. Does your child have previous group experience? (Where/ How long?) \_\_\_\_\_  
\_\_\_\_\_ Was your child able to separate? \_\_\_\_\_
- m. Has your child received any professional services?  Yes  No If yes, please explain:  
Dates of service: \_\_\_\_\_  
Is there an IEP: \_\_\_\_\_  
With what agency or school system: \_\_\_\_\_
- n. Is there anything you would like us to help you with concerning your child? \_\_\_\_\_  
\_\_\_\_\_
- o. Is there anything else you would like us to know about your child that would help us to understand him/her better? (tends to wander away from group, fearful of loud noises, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

*How did you hear about Carol Nursery School?* \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

**Permission to be included in Photos and/or Recordings**

Photos of children are often taken during school hours and school events. By signing this form, you are either giving permission or refusing permission for Carol Nursery School and/or local media to use these photos/recordings on marketing materials, the CNS website, the CNS Facebook page, and/or for noncommercial, educational and publicity purposes.

- I give my permission
- I DO NOT give my permission

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

**Permission to be included in the Class List**

Class lists ONLY go to the parents of the children in your child's class. The list will include child's name, parent's name and address, preferred phone number and email.

- I give my permission to have the above information added to the class list.
- I DO NOT give my permission to have the above information added to the class list.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian