



CAROL NURSERY SCHOOL

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. To better understand your family, please tell us about your family traditions, customs or beliefs. _____

C. Do you have any particular skill you would like to share with the class? _____

D. Was your child adopted? Yes No At what age? _____ Does your child know this? Yes No

Is there anything else we should know concerning the adoption? _____

E. Languages spoken in the home: _____ Language mostly used with your child: _____

F. How do you discipline your child? Reasoning Time-out Spanking Other _____

G. Please let us know if any of the following events have occurred in your family. If checked, please elaborate:

New Baby _____

Hospitalization _____

Move _____

Divorce _____

Death _____

Other (loss of pet, blended family, etc.) _____

II. Child Profile

- A. Type of Birth: Full-term Premature - # of weeks _____
- 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. Eating: Does your child drink from a cup? Yes No; sippy cup? Yes No; bottle? Yes No
- Does your child breastfeed? Yes No If yes, on schedule or on demand? _____
- Does your child use utensils? 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 _____
- His/her own bed? Yes No _____
- What time does your child: go to bed? _____ get up? _____
- H. Social/Emotional: (Please give detailed answers)
- a. What is your child saying about coming to school? _____
- b. Do you anticipate your child having difficulty separating at school? _____
- c. How does your child typically react when you leave him/her? _____
- d. With whom do you leave your child? _____
- e. Describe child's relationship to family members. _____
- f. Does your child have any comfort habits/objects?
(e.g. thumb sucking, blanket) Yes No Please list _____
- g. How does your child relate to adults outside your family unit? _____

II. Child Profile (continued)

- h. Does your child have any specific fears? _____
- i. How does your child react to: Music: _____
Stories: _____
Group Situations: _____
- j. How does your child deal with frustration, anger, etc. _____

- k. Does your child play well independently? _____
- l. Does your child play well with other children? _____
- m. Does your child have previous group experience? (Where/ How long?) _____
_____ Was your child able to separate? _____
- n. Has your child received any professional services? Yes No If yes, please explain: _____
Dates of service: _____
Is there an IEP: Yes No If yes, reason: _____
With what agency or school system: _____
- o. Is there anything you would like us to help you with concerning your child? _____

- p. Is there anything you would like us to know about your child that would help us to understand him/her better? (Tends to wander away from group, etc.) _____

- I. Information related to the COVID-19 Pandemic – Please elaborate, if necessary.
- a. Is your child around people in masks? Yes No _____

- b. Has your child had many opportunities for peer play during this time? Yes No _____

- c. Has your child shown any changes in behavior (e.g. clinginess, worries, fears) Yes No _____

- d. Is there anything else you feel we should know concerning this topic? _____

- 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

Permission to be included in the Class List

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

Permission to be included in Photos and/or Recordings on Google Classroom

Teachers will be taking photos of the children to share with families on Google Classroom. All Google Classroom information is only shared with the families in your classroom and the Director of Carol Nursery School. If you wish that your child not be included in these posts, please talk with your classroom teacher.

Signed _____ Date _____
Parent/Legal Guardian