



Child Information Form

Child's Name: _____ Nickname: _____ Date Completed: _____

Date of Birth: ___/___/___ Gender: _____ Ethnicity: _____

Address: _____ City: _____ Zip: _____ Primary Phone: _____

Preferred Email Address for School Correspondence: _____

Parent / Guardian #1	Parent / Guardian #2
Name: _____	Name: _____
Email: _____	Email: _____
Place of Employment: _____	Place of Employment: _____
Occupation: _____	Occupation: _____
Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

I. Family Profile

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

Name	Relationship	Date of Birth

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

Anything else we should know concerning the adoption/birth family? _____

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

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

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

- New Baby _____
- Move _____
- Divorce _____
- Death _____
- Other (loss of pet, blended family, etc.) _____

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

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

II. Child Profile

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

- A. Type of Birth: Full-term Premature - # of weeks _____
- B. Speech: Is your child able to verbalize his/her needs? Yes No _____
Is your child currently receiving speech therapy? Yes No _____
- C. 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 _____
- D. Dressing: Does your child need help dressing/undressing? Yes No _____
- E. 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 _____
- F. 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? _____
- G. Social/Emotional: (Please give detailed answers)
- What is your child saying about coming to school? _____
 - Do you anticipate your child having difficulty separating at school? _____

 - How does your child typically react when you leave him/her? _____
 - With whom do you leave your child? _____
 - Describe child's relationship to family members. _____
 - Does your child have any comfort habits/objects?
(ex. thumb sucking, blanket) Yes No Please list _____
 - How does your child relate to adults outside your family unit? _____
 - 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. Has your child had previous group experience? (Where/How long?) _____
Was your child able to separate? _____
Is your child *currently* in a group program other than CNS? Yes No If yes, where are they attending
and will it continue after CNS begins? _____
- m. 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: _____
- n. Is there anything you would like us to help you with concerning your child? _____

- o. Is there anything additional you would like us to know that would help us better understand your child?

How did you hear about Carol Nursery School? _____

III. Permissions

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 on 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.

Signed _____ Date _____

Parent/Legal Guardian