



NURSERY SCHOOL CONFIDENTIAL INTAKE FORM

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Nickname)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Family physician \_\_\_\_\_ Telephone \_\_\_\_\_

**FOOD ALLERGIES?** \_\_\_\_\_ **OTHER ALLERGIES?** \_\_\_\_\_

Name of person to call in an **EMERGENCY** \_\_\_\_\_ phone \_\_\_\_\_

Parent 1 name \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_ Cell# \_\_\_\_\_

E-Mails-----

Parent 2 name \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_ Cell# \_\_\_\_\_

Other members living with family \_\_\_\_\_

Does your child have any brothers or sisters? \_\_\_\_\_

a) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

b) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

c) Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Has your child had previous day care or nursery school experience? \_\_\_\_\_

How does your child get along at home? (Relationship to parents, siblings). \_\_\_\_\_

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How does your child react to new situations? \_\_\_\_\_

What is your religion? (Optional) \_\_\_\_\_

What main holidays do you celebrate? \_\_\_\_\_

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What kinds of activities does your child enjoy at home? (Games, blocks, paints, dolls, etc.) \_\_\_\_\_

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Does your child have any strong specific interests? (Trains, dinosaurs, etc.) \_\_\_\_\_

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At what age was your child toilet trained and how was the training? \_\_\_\_\_

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What word does your child use for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

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How is your child's appetite? \_\_\_\_\_ Likes ? \_\_\_\_\_ Dislikes? \_\_\_\_\_

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Do you think your child will take a nap during Restime? (12:00-1:00 pm or longer) \_\_\_\_\_

What will help your child fall asleep?(special blanket, animal, etc.) \_\_\_\_\_

Does your child need to wear a pamper while sleeping? \_\_\_\_\_

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When and why does your child get upset? (Give example) \_\_\_\_\_

How do you usually handle such a situation? \_\_\_\_\_

What kind of fears does your child have? \_\_\_\_\_

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Was your child a full term baby? \_\_\_\_\_

Were there any complications at birth? (Please explain) \_\_\_\_\_

Has your child had any serious illnesses or accidents? (Please explain) \_\_\_\_\_

Any hospital experience? \_\_\_\_\_ Any childhood diseases? (Name them) \_\_\_\_\_

Is there any handicap or defect that we need to be aware of? (Please explain) \_\_\_\_\_

What adjectives best describe your child? (Active, aggressive, shy, friendly, quiet, inquisitive, etc.)

What feelings has your child expressed about coming to school? \_\_\_\_\_

Does your child have any friends in our school? \_\_\_\_\_ Names \_\_\_\_\_

What do you hope your child will get out of his/her nursery experience? \_\_\_\_\_

Do you give your child permission to go on any neighborhood walks? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A note will be sent home informing you prior to a walk)

(For major field trips such as Apple Picking, Matzoh Bakery, or the Zoo, a permission slip will be sent home at that time.)

Do you (parents) have any special skills or talents that you would be willing to share with the class?

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

Are you available to help out (ex: setting up, decorations, cleaning up) at special events? \_\_\_\_\_

Are you interested in joining us on field trips? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you consider being on the Parent Committee? Yes \_\_\_\_\_ No \_\_\_\_\_

For information about the Parent Committee please refer to The Parent Manual.

Thank you for taking the time to complete this information. It will be helpful for us in getting to know your child.

