



The following are a few questions to help us get to know your child and family.

1. What is your family's religious affiliation and church membership? \_\_\_\_\_
2. Has your child been baptized? Y/N At what church? \_\_\_\_\_
3. Does your child have any allergies? Y/N To what? \_\_\_\_\_
4. Does your child suffer from any illness for which he/ she is on continued medication? Y/N Please explain \_\_\_\_\_
5. Is there anything else you would like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_

The following are areas that we ask your permission on for they are a part of our daily routine.

1. Do you consent to screening and assessment of your child by teachers and consultants who have been assigned to these duties by our staff? Y/N
2. Do you give permission for Hope Nursery School staff to administer basic first aid, such as; band aids, antiseptic, ice packs and/or other minor treatments? Y/N
3. Do you give your child permission to go on walks, outings, and field trips under the supervision of Nursery School Staff? Y/N
4. Do you give permission for our staff to use his/ her name and /or picture in the local newspaper and on the nursery school Facebook page and website? Y/N

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

**The \$40 non-refundable registration fee MUST accompany this paperwork in order to guarantee your child a spot in our program.**

# Hope Nursery School Child Information Form

Child's Name: \_\_\_\_\_

Sibling(s):	Name(s)	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Feelings toward sibling(s)? \_\_\_\_\_

Are there any other family members or friends living in your home? Y/N  
Please list who & their relationship to your child. \_\_\_\_\_

Do you have any pets? Y/N  
What kind of pet do you have and what are their names? \_\_\_\_\_

## **Toilet Routine**

Is your child toilet trained? Y/N  
Does he/she need help in the bathroom? Y/N  
Does he/she need to be reminded? Y/N  
Does he/she have accidents? Y/N

## **Interests**

Favorite playthings at home? \_\_\_\_\_  
Play habits alone \_\_\_\_\_ with others \_\_\_\_\_  
Greatest amount of time is spent with \_\_\_\_\_

## **Fears**

Does he/ she have any fears? Y/N Explain \_\_\_\_\_  
Shy? Y/N Explain \_\_\_\_\_

## **Special Limitations**

Has your child been evaluated for special needs? Y/N  
If **YES**, please explain any limitations \_\_\_\_\_  
Please attach a copy of your child's evaluation & learning plan so that we will be able to support their goals.

If **NO**, do you have concerns that you would like us to look into? Y/N  
Explain \_\_\_\_\_

**Discipline**

Under what conditions do you discipline? \_\_\_\_\_

Type of discipline used at home? \_\_\_\_\_

**Eating Habits**

Appetite: (circle one)            Good            Fair            Poor

Strong dislikes: \_\_\_\_\_

Food allergies: \_\_\_\_\_            Is this on their medical report? Y/N

Any dietary restrictions? \_\_\_\_\_

**Miscellaneous**

Has your child had previous daycare or preschool experience?            Y/N

Where? \_\_\_\_\_

Are there any family traditions or cultural practices you would like us to know about?            Y/N

Explain \_\_\_\_\_

Do you have any special interests or skills you could share with the class?            Y/N

Explain \_\_\_\_\_

What do you expect to gain for your child through this program?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_