

School Year: 2018 - 2019

**FIRST PRESBYTERIAN
CHURCH NURSERY SCHOOL
STUDENT BIO/BACKGROUND FORM**

*(Please provide * information as you would like it to appear in the school-wide directory & print CLEARLY)*

*Child's Name: _____ * _____
Last First Nickname

*Address: _____
Street Town Zip

*Primary Phone: _____ *Primary Email: _____

Male: _____ Female: _____ Child's Birthdate: _____

Child's Class (please circle) Young 3's 3 Day 3 Young 4's 4 Day Pre K 5 Day Pre K
T/TH M/W/F M/T/TH/F M/T/TH/F M/T/W/TH/F
T/TH PM T/TH PM T/TH PM

Active member of First Presbyterian Church _____ Yes _____ No

Mother's Name: _____ Employer: _____

Cell and/or Home Phone: _____ Work #: _____

Father's Name: _____ Employer: _____

Cell and/or Home Phone: _____ Work #: _____

Names & relationships to child of other members of your household (include other children and their ages, adults and pets, too!):

Names & relationships to child of other important people in your child's life:

Do both parents reside at home? _____ Have there been any lengthy separations from either parent? _____

Daytime Caregiver (if other than parent)

Name: _____ Home/Cell #: _____

In case of emergency, who can be contacted if neither parent can be reached:

1. Name: _____
Home Phone: _____ Cell Phone: _____

2. Name: _____
Home Phone: _____ Cell Phone: _____

List any health information that should be known by your child's teachers (food or medication allergies, vision or hearing problems, activity restrictions, regular medications, etc.):

Please Tell Us About Your Child...

Child's previous group/school experience: _____

Age and gender of child's most frequent companions: _____

Interests/Dominant Play Interests at Home (favorite toys, stories and imaginary playmates):

Fears:

Toilet Trained: Yes _____ No _____ Comments _____

Does your child sleep through the night? _____ Mood upon waking? _____

How does your child respond to new situations? _____

How does your child respond to separation? _____

What makes your child happy? _____

What makes your child sad? _____

What makes your child frightened? _____

Is your child's speech: Clear? _____ Understandable? _____ Difficult? _____

Is your child currently receiving, or has received in the past, any support services, such as Speech, Occupational or Physical Therapy? If yes, please describe:

Is a language other than English spoken in the home? _____ As the primary one? _____

Which languages? _____

Where would you like to see growth this year resulting from your child's preschool experience?

Additional information that you feel is important for us to know about your child:

If your child is new to First Pres., please include a photo of him/her so we can recognize them on the first day of school.