

# Wyckoff Reformed Church Nursery School

## Background information

(Please attach additional comments on separate sheet if needed)

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

List Siblings and their ages \_\_\_\_\_

Are there other members of the household? If so, list name, age, and relationship \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child need assistance in the bathroom? (Explain) \_\_\_\_\_

If your child needs assistance, please initial your permission for the staff to assist him/her \_\_\_\_\_

Are there any foods or drinks that your child should not have? \_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

Do you feel your child's speech is clear? \_\_\_\_\_

Can strangers understand when he/she speaks? \_\_\_\_\_

List any language(s) other than English used in the home \_\_\_\_\_

Does your child have frequent colds, sore throats, stomachaches, fevers, etc.? \_\_\_\_\_

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? \_\_\_\_\_

How much television does your child generally watch each day? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

**What does your child enjoy doing with Mom?** \_\_\_\_\_

**What does your child enjoy doing with Dad?** \_\_\_\_\_

**Does your child play well alone?** \_\_\_\_\_ **In Groups?** \_\_\_\_\_

**How do you calm your child when he/she is upset or afraid?** \_\_\_\_\_

**Does your child accept correction easily?** \_\_\_\_\_

**What is the method of discipline used in your home?** \_\_\_\_\_

**Does your child...**

**Enjoy listening to a story?** \_\_\_\_\_ **Follow simple directions?** \_\_\_\_\_

**Enjoy singing?** \_\_\_\_\_ **Enjoy listening to music?** \_\_\_\_\_

**Like to play pretend?** \_\_\_\_\_ **Have a special toy?** \_\_\_\_\_

**Please let us know anything else about your child that would help us know him/her better** \_\_\_\_\_

### EMERGENCY INFORMATION

**Persons authorized to pick up your child:**

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Persons to be notified in case of emergency:**

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_