NOROTON PRESBYTERIAN NURSERY SCHOOL **DATE:** _____

ENROLLMENT INFORMATION 2019-20
Student Profile

ALLERGIES

_____

_____

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ PHONE: _____

PLEASE CHECK HERE IF BOTH PARENTS WORK _____
(This is so we can try to accommodate you with your first choice of conference time during the school year)

STUDENT'S AGE ON 9/1/19: _____ (Years/Months)

OTHER CHILDREN IN FAMILY: NAME AGE SEX (M / F)

_____

_____

_____

OTHER MEMBERS OF HOUSEHOLD (Include relationship)

_____

_____

Religious Affiliation _____
Currently Attending _____
Are you interested in information about Noroton Presbyterian Church and programs offered? _____ Yes _____ No

1. CHILD'S PERSONAL HISTORY

Daily Routine and Experiences: (Characteristics and Patterns)
Waking up (Time and Mood) _____
Dressing _____
Eating _____
Toileting _____
Naptime _____
Pets _____
Fears _____
Travel _____
Family Traumas (moving, death, separation) _____

_____

_____

Has your child received services for their development such as OT, PT, Speech, Birth to Three etc?

_____
_____
_____
_____
_____

Participation in other group play experiences? _____ Where?

_____
_____
_____

2. Child's Medical History

Gestational age at birth _____

Hospital Experience

_____

(Please explain on back)

Accidents, Illnesses, etc.

_____
_____

3. Please describe your child's temperament

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

4. What do you hope your child will gain from this nursery school experience?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DURING THE YEAR PLEASE KEEP US UP-TO-DATE IF THERE ARE ANY CHANGES IN THE ABOVE INFORMATION, SO THAT WE CAN WORK WITH YOU IN THE BEST INTERESTS OF YOUR CHILD.