

ENROLLMENT INFORMATION 2020-2021

Student Profile

ALLERGIES

\_\_\_\_\_  
\_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

STUDENT'S AGE ON 9/1/19: \_\_\_\_\_ (Years/Months) Nickname \_\_\_\_\_

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)

| OTHER CHILDREN IN FAMILY: | NAME  | BIRTHDATE | 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?  
\_\_\_\_\_

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2. Child's Medical History

Gestational age at birth \_\_\_\_\_

Hospital Experience \_\_\_\_\_

(Please explain on back)

Accidents, illnesses, etc.

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3. Please describe your child's temperament

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

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**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.**