



# INFORMATION for \_\_\_\_\_

**Dear Parent/Guardian,**

Please return this sheet by mail or bring it to school. All answers will be kept confidential. They are intended to help us become better acquainted with your child and to assist us in planning activities.

BY WHAT NAME DO YOU USUALLY CALL YOUR CHILD? \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

## WHO SHOULD BE NOTIFIED – if parent cannot be reached in the event of sudden illness?

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

HAS YOUR CHILD ANY PHYSICAL DISABILITIES, INCLUDING ALLERGIES, OF WHICH THE PRESCHOOL SHOULD BE AWARE? \_\_\_\_\_

\_\_\_\_\_

WHAT TERMINOLOGY DOES YOUR CHILD USE TO ASK TO GO TO THE BATHROOM? \_\_\_\_\_

IF YOUR CHILD HAS ATTENDED PRESCHOOL BEFORE, WAS THE EXPERIENCE ENJOYABLE? \_\_\_\_\_

DOES YOUR CHILD HAVE TANTRUMS? \_\_\_\_\_

IF YOUR CHILD HAS UNUSUAL FEARS, WHAT ARE THEY? \_\_\_\_\_

DOES YOUR CHILD USE THE FOLLOWING AT HOME? crayons \_\_\_\_\_ scissors \_\_\_\_\_ pencil \_\_\_\_\_ chalk \_\_\_\_\_ felt markers \_\_\_\_\_

WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS PRESCHOOL EXPERIENCE? \_\_\_\_\_

\_\_\_\_\_

IS THERE ANY AREA IN WHICH YOU ANTICIPATE DIFFICULTY FOR YOUR CHILD? (crafts, sharing, following directions) \_\_\_\_\_

\_\_\_\_\_

WHAT FOODS DOES YOUR CHILD LIKE? \_\_\_\_\_

WHAT FOODS DOES YOUR CHILD DISLIKE? \_\_\_\_\_

LIST ANY SPECIAL INTERESTS YOUR CHILD HAS \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS NURSERY SCHOOL? \_\_\_\_\_

LIST NAMES AND AGES OF OTHER CHILDREN IN YOUR FAMILY \_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS YOU MAY HAVE \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

New York State Public Health Law 2164 requires all children entering and attending a preschool program to demonstrate proof of immunity against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hepatitis B, Haemophilus influenza type B (Hib) and Varicella (Chicken pox).

Proof of immunity consists of a certificate of immunization signed by a physician or health care provider. **THE CERTIFICATE MUST SPECIFY THE TYPE OF VACCINE AND THE DATES (MONTH/DAY/YEAR) OF ADMINISTRATION.** Please provide a copy of immunizations and a statement from your doctor stating your child has been examined within the year and is in good health. This must be provided on or before the first day of school.

11/19/09