

PLEASE COMPLETE AND RETURN WITH REGISTRATION FORM
(THIS INCLUDES RETURNING STUDENTS)

2024-2025

CHILD INFORMATION

Birth Date: _____

Child's Full Name _____
(Please Print) (Last) (First) (Middle)

Name usually called if different than above: _____ Boy/Girl: _____
Was he/she born prematurely? _____ If yes, how many weeks? _____

Telephone Number: _____ Age on October 1 _____

Mailing Address: _____ Town: _____
_____ Public School District: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell phone # _____ Father's cell phone # _____

E-Mail: _____ E-Mail: _____

Child has Medical Insurance: YES NO my child does not have health insurance. You may release my name and address to the NJ Family Care Program to contact me about health insurance.
Signature: _____ Date: _____

Information for NJ Family Care can be found at www.njfamilycare.org or call 1-800-701-0710

Circle marital status of child's parents: Married Separated Divorced Widowed Single Parent

Father's place of employment: (Name and address of employer) _____
Occupation: _____
Telephone No: _____

Mother's place of employment: (Name and address of employer) _____
Occupation: _____
Telephone No: _____

Emergency Contact Person: (Name, address, and telephone number) _____
Telephone No: _____

Physician and phone number to call in case of sickness or accident: _____
Telephone No: _____

I hereby authorize the School to take such emergency measures as are necessary in the event none of the above can be reached by telephone.

(Parent's Signature)

Are parents members of a church? _____ Name & location of church: _____

Does your child attend Sunday School? _____ Baptized? _____
(Name of Sunday School)

Names and ages of brothers and sisters: _____

Other members of household besides immediate family: _____
(Names) (Relationship)

Does child receive extensive care by someone other than parents? _____ By whom? _____

How does your child react to other children? _____

What is his/her reaction to adults? _____

What hand does he usually use? _____ completely toilet trained (daytime)? _____

Previous group experience of child: _____

Particular behavior problems: _____

How is child disciplined at home? _____

Exceptionally shy or timid? _____

Special fears: _____

What helps reassure him when upset? _____

How would you describe his personality? _____

Favorite pastimes and interests: _____

Does your child enjoy being read to? _____ Like to sing? _____

Circle creative materials your child enjoys: Play-Doh crayons scissors paint

Other: _____

Does he help in putting away belongings? _____ Dress himself? _____

Nervous habits: _____ Disturbed sleep? _____ Frequent accidents? _____

Medical Problems: List: _____

Any diagnosed learning disability or birth defect that might affect learning? (Describe) _____

Allergies: _____

Any foods which he should not eat? - List: _____

Speech Difficulties: _____

Why do you wish to send your child to our Nursery School? _____

Please add any comments that might further the understanding of your child and his/her background, or any special problems or concerns you would like us to be aware of: _____

Special interests or areas you would like the teacher to work on with your child: _____
