



"Developing parent and child partnerships that last a lifetime."

Registration Form

Name of Child:

Name to be used at school:

Address/Zip:

Date of Birth:

Child primarily resides with: () Mom & Dad () Mom () Dad () Other _____

First Parent/Guardian

Full Name:

Email address:

Occupation:

Phone Number:

Second Parent/Guardian

Full Name:

Email address:

Occupation:

Phone Number:

Other children in household (name, age, relationship):

Primary language spoken at home:

Other languages spoken by child:

Your previous experience or training pertinent to child development:

Parent/Guardian special talents or interests:

Does your child have any pronounced fears?

Describe how well your child can take care of his/her basic needs (ie; dressing, toileting, washing hands, putting on shoes, etc.):



JAMES MARSHALL PARENT NURSERY SCHOOL

Describe your child's general disposition (ie; shy, quiet, outgoing, energetic, contemplative, etc.):

Has your child been under regular supervision of a physician for a medical condition?

Yes No Describe the condition:

Name of Physician:

Phone:

In your opinion, has your child developed normally?

Explain anything unusual or outstanding in your child's development:

Has your child had any serious illnesses or accidents?

Does your child suffer from any allergies? (please list specific foods, environmental triggers, medicines, etc)

Does your child have any eating problems?

Does your child have any dietary restrictions?

Parent/Guardian evaluation of child's health:

How does your child get along with others?

Reason for placing child in co-op nursery school?

Any other pertinent information concerning your child?