

Personal Information Form
Triple C Nursery School

PERSONAL INFORMATION

Name of Child _____ Phone _____
Number _____

Date of Birth _____ Name child is to be called _____ Cell Number _____

Address _____
(street) (city) (state) (zip)

Email _____

Church Affiliation _____

School District _____

Elementary school child will probably attend _____

Mother (or Guardian) _____ Age _____

Father (or Guardian) _____ Age _____

Status of Parents:

Married _____

Divorced _____

Never Married _____

Separated _____
(How Long?)

(How Long?)
Living Together _____

IRS Revenue Procedure 75-50 requires schools to keep records on the racial composition of its student body, faculty and administrative staff for each academic year. Please provide the school with your racial designation: _____.

Custody/Visiting Arrangements: (Please attach copy of current custody papers) _____

If child is adopted: Age at adoption? _____ Does child know he/she is adopted? _____

Brothers and Sisters:

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Name _____ Date of Birth _____ Grade in school _____

Other members of the household: (include relationship and age)

Please give any information concerning your child that will be helpful in his/her experience in the preschool environment:

Play habits, play group or preschool experience, playmates, etc. _____

Fears _____

Home Situation _____

Method of discipline used in your home _____

Who has cared for your child other than parents? _____

Other _____

HEALTH HISTORY AND DEVELOPMENT

What past illnesses has your child had? At what age?

Chicken pox _____ Scarlet Fever _____ Diabetes _____
Mumps _____ Measles _____ Hepatitis _____
Other _____

Does your child have frequent colds? Explain _____

Tonsillitis? _____ Ear Aches? _____

Stomachaches? _____ Does your child vomit easily? _____

High fevers? _____

Has your child had any serious accidents? Explain? _____

Does your child have allergies? yes _____ no _____ If so, describe typical allergic reaction. _____

Asthma _____ Hay Fever _____ Hives _____ Other _____

Do you know what the allergy is caused by? _____ Please list foods and medications to avoid _____

Has your child ever been to a dentist? _____ Has your child had a vision test? _____

Hearing test? _____ Does your child have any physical disability? _____

Does your child require medication to be administered during school hours? _____ If yes, please contact the Triple C office for a "Permission for Medication" form.

Does your child have any speech or language delays or problems? _____

Does your child have any developmental delays or problems? _____

Does your child have an IEP(Individual Education Plan)? _____ If yes, please attach a copy.

How would you evaluate your child's overall health?

Survey

I believe nursery school is important for the following reasons:

_____ Social Interaction _____ Discipline _____ Independence
_____ Academic head start _____ Peer group playmates _____ Stimulate creativity
_____ Needs time away from family _____ Bible Teaching _____ Other _____

How did you find out about Triple C? _____

Why have you chosen Triple C for your child? _____