

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

2021-2022

**INFORMATION DATA**

Birth Date: \_\_\_\_\_

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

Name usually called if different than above: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_  
Was he/she born premature? \_\_\_\_\_ 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](http://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: \_\_\_\_\_

\_\_\_\_\_

