

Teacher/Class \_\_\_\_\_  
Date Form Completed \_\_\_\_\_

**ST. PAUL'S EPISCOPAL NURSERY SCHOOL**  
1066 Washington Road  
Pittsburgh, PA 15228  
(412) 531-2644

**GENERAL INFORMATION FORM (FOR CURRENT STUDENTS)**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
What name should we call the child at school? \_\_\_\_\_

**Parent Contact Information** (Complete ONLY if different from Enrollment Form)

Family E-mail Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Family Life**

Mother's Current Occupation \_\_\_\_\_  
Work Hours \_\_\_\_\_  
Father's Current Occupation \_\_\_\_\_  
Work Hours \_\_\_\_\_

Who cares for child while mother/father are at work? \_\_\_\_\_

Has your family experienced any death, serious illness or disability, separation or divorce, significant move, or any other time of stress or change in the past year? \_\_\_\_\_

How did child react? \_\_\_\_\_

**Social Behavior**

Do you have any concerns with how your child gets along with adults or other children? \_\_\_\_\_

Will your child be attending any other nursery school, Sunday School, or other group experiences this year? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_



## Developmental History

Toileting: Dry in daytime \_\_\_\_\_ Approximate age \_\_\_\_\_  
Dry at night \_\_\_\_\_ Approximate age \_\_\_\_\_  
Bowel control \_\_\_\_\_ Approximate age \_\_\_\_\_

Training easy, average, or difficult? \_\_\_\_\_

What words does child use when s/he needs to use the bathroom? \_\_\_\_\_

How much reminding or help does s/he need in toileting? \_\_\_\_\_

Eating: Please list all food allergies and any eating concerns \_\_\_\_\_  
\_\_\_\_\_

Sleeping: Usual bedtime \_\_\_\_\_ Time to rise \_\_\_\_\_

Problems \_\_\_\_\_

Does s/he nap? \_\_\_\_\_ Or rest? \_\_\_\_\_

## Additional Information

Is there any other pertinent information about your family or child you would like to share with us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for answering this questionnaire! We feel this information is helpful in understanding your child. In return, we assure you that this questionnaire is confidential and will be used only by school staff unless you give us specific, written permission to release this information to any other source.