

Teacher/Class _____
Date Form Completed _____

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

GENERAL INFORMATION FORM (FOR NEW STUDENTS)

Child's Name _____ Birth date _____

What name should we call the child at school? _____

In September of what year do you expect your child to enter Kindergarten? _____

In what school district? _____

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 Training/Profession (whether currently working or not) _____

Current Occupation _____

Work Hours _____

Father's Training/Profession (whether currently working or not) _____

Current Occupation _____

Work Hours _____

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

Other children in the family (including step-siblings):

Name	Age	Grade	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other persons living in the home (or frequently visiting):

Name

Relationship to the child

Family religious preference or affiliation _____

What languages, other than English, are spoken in the home _____

Has the child ever been separated for any length of time from parents (for vacation, business travel, illness, etc.)? _____ How did child react? _____

Has the family experienced death, serious illness or disability, separation or divorce, significant moves, or any other times of stress? _____

How did child react? _____

What travel experience has the child had with his family? _____

Social Behavior

How does your child get along with adults? _____

Does your child play easily with other children? _____

Is sharing and taking turns still difficult? _____

Does your child play well alone? _____

Does your child prefer to play alone? _____

What are your child's favorite toys or activities? _____

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

What previous group experience has the child had, and what was your child's reaction? _____

How do you usually discipline your child? _____

How does your child react? _____

How does your child respond to baby sitters? _____

Does your child have any special fears? _____

Developmental History

Birth: Full-term ____ Premature ____ How early _____ Complications _____

Age of walking _____

Talking: Approx. age for first words _____ Approx. age for 2-3 word phrase _____

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: Appetite _____

Problems _____

Food dislikes _____

Food allergies _____

Sleeping: Usual bedtime _____ Time to rise _____

Problems _____

Does s/he nap? _____ Or rest? _____

Has your child had a speech evaluation? ____yes/ ____no Results: _____

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

Expectations

How can we help you or your child in this transition to Nursery School? _____

Thank you for answering this long 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.