

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: Approximate age for first words \_\_\_\_\_

Approximate 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? \_\_\_\_\_

## Expectations

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

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.