

**SAN JOSE PARENTS PARTICIPATING NURSERY SCHOOL  
1-DAY PROGRAM  
CHILD INFORMATION SHEET**

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Name by which child prefers to be called \_\_\_\_\_

Parents' names \_\_\_\_\_

Are both parents living at home? \_\_\_\_\_

Name and ages of other children \_\_\_\_\_

Adults in home (other than parents) & relationship to child \_\_\_\_\_

\_\_\_\_\_

Has child previously been in a toddler program? \_\_\_\_\_

If so, which one(s)? \_\_\_\_\_

Child's favorite pastimes \_\_\_\_\_

Child's favorite play materials \_\_\_\_\_

Types of family outings child enjoys \_\_\_\_\_

\_\_\_\_\_

Special problems: fears, food, health allergies, etc. \_\_\_\_\_

\_\_\_\_\_

Previous serious illnesses or injuries \_\_\_\_\_

Where is your child's verbal level? (Ex: no words, single words, two words together, etc.) \_\_\_\_\_

\_\_\_\_\_

What would you like to gain from your nursery school experience for your child and yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any topics you would like to discuss at parent conference time \_\_\_\_\_

\_\_\_\_\_

***PLEASE USE THE BACK OF THIS FORM FOR ANY OTHER INFORMATION THAT WILL HELP THE DIRECTOR BETTER UNDERSTAND YOUR CHILD.***