

THE FIRST CONGREGATIONAL CHURCH NURSERY SCHOOL
Child's Personal History
2018-2019

Child's Name: _____ Date of Birth: _____
Address: _____ Tel: _____ School Starting Date: _____
Email Address: _____ (to be printed in School Directory)

Father's Name: _____ Occupation: _____
Name of Company: _____ Business Address: _____
Business Tel: _____ Cell Tel: _____

Mother's Name: _____ Occupation: _____
Name of Company: _____ Business Address: _____
Business Tel: _____ Cell Tel: _____

Parents' Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___

Brothers and Sisters of Child:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Has your child had group play experience? _____ Where? _____
Does your child dress self? _____ Undress? _____ Does your child nap? _____
Is your child right or left handed? _____
What time does your child usually go to bed at night? _____ Awaken? _____
Does your child have any speech or hearing problems? _____
Has your child been receiving any special services, such as Birth to 3? _____
Does your child have any other problems we should be aware of?

What past illnesses has your child had and at what age? _____
Tonsillitis? _____ Ear aches? _____ Stomach aches? _____ Nose bleeds? _____
Does your child run fevers easily? _____ Has your child had any serious accidents? _____
Explain: _____

If your child has allergies, please contact the School IMMEDIATELY.
Is your child allergic? _____ If so, how does it usually manifest itself? _____
Hay fever _____ Asthma _____ Hives _____ Food _____ Animals _____

MORE >>>>>>>>>

Medication: _____ Other: _____

Child's Physician: _____ Tel: _____

Hospital Choice: _____

Local person(s) to whom my child may be released and who may transport my child by car in case of emergency/late pickup. We need 5 names not including parents:

1. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

2. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

3. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

4. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

5. Name: _____ Address: _____

Tel: _____ Relationship to child: _____

I have had a chance to review and discuss all School Policies as outlined in the Parent Guide (posted on the school's website) with FCCNS staff.

Parent's Signature _____

From time to time, children's pictures are taken and used on the School website; in presentation materials; and in the newspaper.

- If you do not wish to have your child's picture used as stated above, please sign and circle "no" below.
- If it is acceptable to use your child's picture in this manner, please sign and circle "yes" below.

YES NO Parent's Signature _____