

CHICO NURSERY SCHOOL: A COOPERATIVE
Child Information Sheet

Child's name: _____ Home phone: _____

Address: _____ City, Zip: _____

Name for child's name tag: _____ Birthdate: _____

Mother's name: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Father's name: _____ Occupation: _____

Place of Employment: _____ Phone: _____

Children in the home:

Name: _____ sex: _____ age: _____

Name: _____ sex: _____ age: _____

Name: _____ sex: _____ age: _____

Physician to be called in emergency: _____ Phone: _____

Hospital to be taken to: _____

Name of Insurance: _____ Policy #: _____

Alternate person responsible: _____

Relationship: _____ Phone: _____

General health of child: _____ Frequent colds: _____

List known allergies: _____

Does child have playmates? _____ ages: _____ sex: _____

Does child prefer to play alone? _____ with children? _____ adults? _____

Child's special interests: _____

Are there any special developmental traits or problems concerning your child that the director should know about? (toilet training, unacceptable social behavior, etc.):

Previous nursery school experience: _____