

# TRIPLE C NURSERY SCHOOL

## Personal Information Form

### PERSONAL INFORMATION

Name of Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name child is to be called \_\_\_\_\_ Primary Cell Number \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Email \_\_\_\_\_

Church Affiliation \_\_\_\_\_

School District \_\_\_\_\_

Elementary school child will probably attend \_\_\_\_\_

Mother (or Guardian) \_\_\_\_\_ Age \_\_\_\_\_

Father (or Guardian) \_\_\_\_\_ Age \_\_\_\_\_

Status of Parents:

Married \_\_\_\_\_ Divorced (How Long?) \_\_\_\_\_ Never Married \_\_\_\_\_ Separated (How Long?) \_\_\_\_\_ Living Together \_\_\_\_\_

Custody/Visiting Arrangements: (Please attach copy of current custody papers) \_\_\_\_\_

If child is adopted: Age at adoption? \_\_\_\_\_ Does child know he/she is adopted? \_\_\_\_\_

Brothers and Sisters:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Other members of the household: (include relationship and age)

Please give any information concerning your child that will be helpful in his/her experience in the preschool environment:

Play habits, play group or preschool experience, playmates, etc.

Fears \_\_\_\_\_

Home Situation \_\_\_\_\_

Method of discipline used in your home \_\_\_\_\_

Who has cared for your child other than parents? \_\_\_\_\_

Other \_\_\_\_\_

My Child's Ethnic Identity:  
(Please mark all that apply)

- Asian
- Black/African
- Caucasian
- Hispanic/Latinx
- Native American
- Pacific Islander
- Prefer Not to Answer
- Other: \_\_\_\_\_

(Please see other side)

HEALTH HISTORY AND DEVELOPMENT

What past illnesses has your child had? At what age?

Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Mumps \_\_\_\_\_  
Measles \_\_\_\_\_ Hepatitis \_\_\_\_\_ Other \_\_\_\_\_

Tonsillitis? \_\_\_\_\_ Ear Aches? \_\_\_\_\_

Stomach Aches? \_\_\_\_\_ Does your child vomit easily? \_\_\_\_\_

High fevers? \_\_\_\_\_

Has your child had any serious accidents? Explain? \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe typical allergic reaction: \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Do you know what the allergy is caused by? \_\_\_\_\_ Please list foods and medications to avoid \_\_\_\_\_

How would you evaluate your child's overall health?

Does your child have any physical disability? \_\_\_\_\_

Does your child require medication to be administered during school hours? \_\_\_\_\_ If yes, please contact the Triple C office for a "Permission for Medication" form.

Does your child have any speech or language delays or concerns? \_\_\_\_\_

Does your child have any developmental delays or concerns? \_\_\_\_\_

Does your child receive outside services for any developmental or physical delays? If yes, please explain.

Does your child have an IEP (individualized education plan) and/or receive any outside services for physical or developmental delays? \_\_\_\_\_no \_\_\_\_\_yes.

**If yes, please provide that information at the time of registration. If you are in the process of scheduling an evaluation or receiving an IEP/Services, please let us know at the time of registration. Triple C Nursery School strives to provide a learning environment that each child deserves and is entitled to. To do this, we need to be able to review this information at the time of registration to make sure Tripe C Nursery School is the best learning environment for each individual child. If you have any questions or concerns regarding this policy, please contact the office. Thank you.**

SURVEY

I believe preschool is important for the following reasons:

\_\_\_\_\_ Social Interaction \_\_\_\_\_ Discipline \_\_\_\_\_ Independence  
\_\_\_\_\_ Academic Head Start \_\_\_\_\_ Peer Group Playmates \_\_\_\_\_ Stimulate Creativity  
\_\_\_\_\_ Needs Time Away from Family \_\_\_\_\_ Bible Teaching \_\_\_\_\_ Other \_\_\_\_\_

How did you find out about Triple C? \_\_\_\_\_

Why have you chosen Triple C for your child? \_\_\_\_\_