

WESTMINSTER NURSERY SCHOOL & KINDERGARTEN

Classroom Intake Form 2026-2027

(Please print clearly)

Child's name _____ Sex _____
 First Middle Last

Preferred name/nickname _____ Birthdate _____

Primary Telephone # _____ E-mail address _____

Mother's name _____ Occupation _____

Father's name _____ Occupation _____

Siblings of child:

Name _____ Age _____ School grade _____

Name _____ Age _____ School grade _____

Name _____ Age _____ School grade _____

Other members of household:

Name _____ Relationship _____

Name _____ Relationship _____

Are you a member of Westminster Presbyterian Church? (y/n) _____

Personal:

Is child adopted? _____ Does child know he/she is adopted? _____

Is English the primary language spoken at home? (y/n) _____

Please list other language(s) spoken at home _____

Any speech problems? (y/n) _____ Explain: _____

Any known allergies? (y/n) _____ Explain: _____

Previous group or school experience _____

Any other info about your child that would be helpful to know in a classroom setting?

Parent/Guardian Signature

Date