WESTMINSTER NURSERY SCHOOL & KINDERGARTEN Classroom Intake Form

(Please print)

Child's name			Sex	
First	Middle	Last		
Preferred name/nickname	Birthdate			
Home address		City	Zip	
Primary Telephone #	E-mail address			
Mother's name	Occupati	on		
Father's name	Occupatio	on		
Siblings of child: Name	Age	_School grade	<u> </u>	
Name	Age	_School grade		
Name	Age	_School grade		
Other members of household	:			
Name	Relationship			
Name	Relation	nship		
Personal:				
Is child adopted?	Does child kno	w he/she is adopte	ed?	
Your child's cultural/ethnic back	ground			
Is English the primary language	spoken at home?	(y/n)		
Please list other language(s) spe				
Any speech problems? (y/n)	Explain:			
Any known allergies? (y/n)	Explain:			
Previous group or school experi	ence			
Parent/Guardian Signature	Da	te		