



**Brothers and sisters if any:**

**NAME**

**AGE**

**NAME**

**AGE**

---

**Other members of household, excluding brothers or sisters, i.e., grandparents, borders, etc.**

---

---

**General health of child: List disabilities, allergies, etc., of which the teachers should be made aware of:**

---

---

**Are there foods your child does not eat for cultural or religious reasons?**

---

---

**We would like your comments about the expected development of your child during the year:**

---

---

**ADDITIONAL INFORMATION**

**For our teachers to help with the development of your child, please answer the following:**

**What activities does your child enjoy?**

---

---

---

**How would you say your child reacts under stress? (Such as being hurried, etc):**

---

---

**How does your child deal with sharing? \_\_\_\_\_**

---

---

Will your child play in a group or by himself/herself? \_\_\_\_\_

---

---

Is there anything that frightens your child? (I.e. darkness, loud noises, dogs, etc.)

---

---

**Social contact experiences**

Camping \_\_\_\_\_ Movies \_\_\_\_\_ Sunday School \_\_\_\_\_  
Concerts \_\_\_\_\_ Stories \_\_\_\_\_ Pets \_\_\_\_\_

Does your child have an interest in any of the following?

Books \_\_\_\_\_ Stories \_\_\_\_\_ Pets \_\_\_\_\_  
T.V. \_\_\_\_\_ Outdoors \_\_\_\_\_ Others \_\_\_\_\_

Is music a part of your family activities? \_\_\_\_\_

Please list some favorite toys: \_\_\_\_\_

---

---

Parents' special talents that the Nursery School could use (i.e., music, sewing, etc.) \_\_\_\_\_

---

---

If interested in a position on our Executive, please indicate here: \_\_\_\_\_

---

How did you learn about our program?

Friend or relative \_\_\_\_\_ Facebook \_\_\_\_\_  
Outside sign \_\_\_\_\_ Website \_\_\_\_\_  
Other \_\_\_\_\_

I have read and understand about the monthly fees and notice of intent to withdraw my child. I am willing to comply with this and with any specific restrictions discussed in the Nursery School's information pamphlet. I understand this application is to be returned, with release form and vaccination form completed, to ensure enrollment of my child. Brandon



costs incurred as a result of taking the child to the hospital or to the physician (i.e., ambulance, taxi, medication, etc.) is the responsibility of the parent.

NAME OF CHILD: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE OF STAFF: \_\_\_\_\_

<b>VACCINATIONS</b>			
<b>AGE</b>	<b>VACCINE</b>	<b>DATE ADMINISTERED</b>	<b>PLACE ADMINISTERED</b>
<b>2 MONTHS</b>	<b>DPT &amp; OPV</b>		
<b>4 MONTHS</b>	<b>DPT &amp; OPV</b>		
<b>6 MONTHS</b>	<b>DPT &amp; OPV</b>		
<b>12 MONTHS</b>	<b>MMR</b>		
<b>18 MONTHS</b>	<b>DPT &amp; OPV</b>		
<b>4-6 YEARS</b>	<b>DT &amp; OPV</b>		
<b>OTHER</b>			