

Nassau Nursery School Child's Classroom Reference Form

Name of Child _____ Date of Birth _____

Name child is called at home _____

Is your child accustomed to playing with other children? _____

Older _____ Younger _____

Has your child ever attended another nursery school? _____

If so, which one? _____

May we have permission to contact the school? _____

Address (if not in Princeton) _____

What is the child's position in the family? _____

Names and ages of siblings _____

Is your child's homecare shared by adults other than his/her parents? _____

What language does your child speak at home? _____

Does your child have any allergies? _____

Does your child have any food dislikes or eating problems? _____

Toilet habits (if a boy, indicate if he doesn't stand to urinate) _____

Does your child need to be reminded to go to the bathroom? _____

Term used for going to the bathroom _____

Any fears or dislikes (sirens, loud noises etc)? _____

Has your child had any unusual unpleasant emotional experience? _____

Does he/she become angry easily? _____

Is your child right or left handed? _____

Is there any physical problem that might require special supervision of your child? _____

Is there anything else we should know about your child?
