Greenwich Nursery School

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ENROLLMENT FORM

1. Child's Name: _____ M____ F____
2. Parents: _____ Marital Status: _____
   Mother
   _____ Custody: _____
   Father
3. Parent's Signature: _____ Date: _____
4. School District Child Will Attend: _____
5. Siblings: (names, ages)

   _____ _____

   _____ _____

   _____ _____

6. Other Members of Household: (name, relationship)

   _____ _____

   _____ _____

7. Pets: (names, types) _____

   _____

8. Does your child have any health problems that we should be aware of?

   _____

9. Does your child take medication regularly? _____

   _____

10. Please describe any allergies (food, medicine, bee stings, etc.) your child may have.

    _____

    _____

11. Is there any additional information you feel we should know concerning your child's health? _____
12. Does your child wear glasses? Circle one YES NO
13. My child is (circle one) LEFT HANDED RIGHT HANDED
14. How would you describe your child's speech? _____

15. Please describe any dislikes, fears, or phobias you child may have.

_____

_____

16. Please describe any unusual toilet habits your child may have.

_____

17. Has your child attended preschool or daycare prior to GNS? If so, please describe previous experience. _____

_____

18. Do you have any special hobbies or interests to share with children?

_____

19. Do you have any concerns or questions about any aspect of your child's development? (physical, social, emotional, intellectual) _____

_____

_____

20. What do you hope will be included in your child's preschool program?

_____

21. How would evaluate your child's personality? (circle traits that apply)

Happy	Aggressive	Friendly	Moody
Dependent	Stubborn	Impulsive	Fearful
Sleepy	Even-Tempered	Attentive	Sympathetic
Good-Natured	Shy	Quiet	Clumsy

22. Comments:_____

_____

23. Is there anything else you feel that we should know about your child?

_____

_____

_____

_____

_____ _____

(Signature of Parent) (Date)