



Greenwich Nursery School

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www.greenwichnursery.com

ENROLLMENT FORM 2026-2027

1. Child's Name: _____ M _____ F _____
2. If there is a nickname or another name you want your child to use and learn in school, please write here: _____
 - a. (e.g. Robert goes by 'Robbie', but his parents want us to use 'Robert' on his name card or Violet Rose who goes by 'Rose' and her parents want us to use 'Rose' on her name card. We want to teach your child the name you want them to know.)
3. Parents: _____ Marital Status: _____
Mother _____
Father _____ Custody: _____
4. Parent's Signature: _____ Date: _____
5. School District Child Will Attend: _____
6. Siblings: (names, ages)

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

8. Pets: (names, types) _____

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

10. Does your child take medication regularly? _____

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

12. Is there any additional information you feel we should know concerning your child's health? _____
13. Does your child wear glasses? Circle one YES NO

14. My child is (circle one) LEFT HANDED RIGHT HANDED

15. How would you describe your child's speech? _____

16. Please describe any dislikes, fears, or phobias your child may have.

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

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

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

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

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

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

Happy
Dependent
Sleepy
Good-Natured

Aggressive
Stubborn
Even-Tempered
Shy

Friendly
Impulsive
Attentive
Quiet

Moody
Fearful
Sympathetic
Clumsy

23. Comments: _____

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

(Signature of Parent)

(Date)