

Little Hawks Nursery School Application

Name of Child: _____ Nickname: _____

Birth Date: _____ Age: _____ Years _____ Months _____
Month Day Year

Parents'/Guardians' Names: _____

Mailing Address: _____
Street Town Zip

Home Phone#: _____ Cell# _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Email: _____

Preferred Days for Participation: Mon Tues Weds Thurs (Circle all that apply)

Pediatrician or family doctor:

Name: _____ Phone: _____

If your child is ill at school and you cannot be reached, can you please list a neighbor or friend who can pick up your child (Other than the emergency contact)?

Please list any other people who have permission to pick up your child:

Does your child have any brothers or sisters? Yes/No

If yes, names and ages of siblings: _____

Does your child have any allergies or dietary restrictions? Yes/No

If yes, please specify: _____

Does your child refer to going to the bathroom in any special way? Yes/No

If yes, please specify: _____

Is your child on any medication on a daily basis? Yes/No

If yes, specify: _____

Does your child have any disabilities that we should know about? Yes/No

If yes, please specify: _____

Is your child accustomed to playing with children his/her own age?

Has your child ever attended another school (Nursery School, Sunday School, play group, etc)?

Please list three (3) or four (4) favorite activities that your child enjoys.

Does your child have any dramatic fears that you feel the staff should be aware of?

Please list any other information that you feel the staff would find useful while planning our lessons and teaching your child.

How did you hear about the program?

Are there any special goals you have for your child while attending this program?

Please attach a copy of your child's immunization records. This can be provided at a later time prior to the start of Nursery School.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date