

CEDARVILLE NURSERY SCHOOL

1092 Laurelwood Rd.

Pottstown, PA 19465

610-970-9557

STUDENT INFORMATION FORM

Name of child _____ Nickname _____

Birthdate _____ Sex _____ Home Phone _____

Address _____

Parent's Cell phone _____

Parent's E-mail address _____

Parent name _____ Occupation _____

Business Address _____ Phone _____

Parent name _____ Occupation _____

Business Address _____ Phone _____

Names and birthdates of brothers and sisters:

Name

Date of birth

Pets names (if applicable) _____

(helpful when creating pictures of the children's family)

Child's physician _____

Address _____ Phone _____

In case of emergency and parents cannot be reached notify:

_____ Phone _____

Relationship to child _____

If our child needs emergency care and we cannot be reached, we authorize the school to take our child to his/her physician or to the Pottstown, Memorial Medical Center.

(Signature of parents)

Previous school experience _____

What do you hope your child will gain from this preschool experience?

How would you describe your child? (shy, aggressive, active, quiet, etc.)

Does your child have any fears? Please explain

Does your child have any special needs?

Would anyone be available to:

1. Drive/chaperone on class field trips? _____
2. Share a special interest, hobby, profession, or collection with the class? (specify)

The following individuals may transport my child home from school:

(Please notify the teacher in writing to add any names to this list)

My child has permission to participate in the school's field trips. (Parents will be notified in advance of all field trips.)

Parent's signature

Date