

Nursery School
St. Charles Avenue Presbyterian Church
Keflyn Fransen, Director

Date _____

Tell Us About Your Child

This is confidential information for your child's teacher. It will enable him/her to better meet your child's needs.

Child's Name _____ Sex _____ Name Called _____
Birthdate _____ Religion _____
Address _____ City _____ State _____ Zip _____

Fill in as questions apply to your household:

Father's Name/Address (if different) _____

Occupation _____

Mother's Name/Address (if different) _____

Occupation _____

Siblings and ages _____

Who, other than yourself, has a substantial role in caring for your child each day?
(Housekeeper, Grandparent, etc.) _____

Have there been any recent changes in family that would affect your child's
adjustment to Nursery School? _____

Has your child been diagnosed with any physical, developmental or
psychological conditions? _____

Does your child have any allergies? _____

Has your child had any major illnesses or surgeries? _____

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Is your child on any regular medication? _____

Is your child potty trained? _____

Has your child had any previous school or group experience? _____

Please share with us any information we should know which would enhance your child's Nursery School experience. For example, how does your child express his/her feelings and/or how does your child respond to directions?

What do you hope your child will gain from his/her Nursery School experience?

Parent Signature

Date

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Permission Slip

My child _____, has permission to go to the Land Building for school related activities.

I _____ give St. Charles Avenue Presbyterian Church Nursery School permission to use photos of my child on the Nursery School website.

I _____ give St. Charles Teachers permission to take daily attendance records by signing my child in and out of school.

Parent Signature

Date

Carpool and Pickup Authorization Form

The following persons are authorized to pick up our child: Carpool and Pickup Authorization Form

1. _____
2. _____
3. _____
4. _____

Only we (the parents) will pick up our child unless we send a written notification to school.

Parent Signature

Date

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Emergency Contact Information

Child's Name _____

Home Phone _____

Parent 1 Name _____

Cell _____ Work _____ Email _____

Parent 2 Name _____

Cell _____ Work _____ Email _____

In case of illness, if parents cannot be reached, these people can be called to pick up your child:

Name _____ Home Phone _____

Cell _____ Relationship _____

Name _____ Home Phone _____

Cell _____ Relationship _____

Unless otherwise indicated, we will call in this order: Home, Parent 1, Parent 2, Emergency Numbers as listed.

We authorize the Nursery School to:

1. Care for my child during the time he/she is at Nursery School.
2. Secure emergency medical treatment for child in the event we cannot be reached.

Parent Signature

Date