

92nd Street Y Nursery School Child Information Sheet
Purple, Sun, Orange and Yellow Rooms

The information we are requesting in this profile will help us to become more intimately acquainted with your child. Please answer the questions briefly and return it to us prior to the start of school.

General Information

Child's Name _____ Date of birth _____

Is there a name other than above to be used for labeling (cubbies, hooks, etc)? _____

Persons in the household _____

Parents' status at present: Married _____ Divorced _____ Single _____ Partner _____ Widowed _____

Siblings (names/birthdates) _____

Are there any other adults who regularly care for your child? _____

Does mother work outside the home? _____ Full time _____ Part-time (days) _____

Does your child share a room? _____ With whom? _____

Early Development

Was your child full term? _____ Birth weight _____ Were there any unusual circumstances at birth or after?

Walking: Age _____ Talking: Age _____ Weaned: Age _____

Eating habits? _____ Toilet trained? _____

If no, what stage in the process? _____

Sleeping habits _____ Bedtime _____

Have there been any recent illness or other medical issues? _____

***Allergies (food)** _____ **Other** _____

If your child requires the use of an epi-pen in emergencies, you must make an appointment with the teachers and Director/Associate Director and fill out an allergy form prior to school.

SOCIAL/EMOTIONAL BEHAVIOR

How would you describe your child's personality and temperament? _____

How does your child respond to new situations, people, new group settings? _____

How does your child handle transitions? _____

How does your child deal with frustration? _____

What type of play does your child prefer? _____

Does your child have specific fears or sensitivities? _____

How does your child like to be comforted when he or she gets angry or upset? _____

How do you set limits for your child? _____

Favorite toys, books, activities? _____

How much TV/Video does your child watch a day? _____

Are any other languages spoken at home? _____ Is your child bi-lingual? _____

Has your child had any preschool experience? If so, where? _____ Did your child separate? _____

Do you have any concerns about your child's development? _____

Does your child receive outside services (speech, OT, PT, other) _____

Name and phone number of therapist _____
(please get a release form from the office so that we may communicate with your therapist).

Is there anything about your family that would be helpful for us to know?

Additional information:

Thank you for taking the time to answer these questions. If there is any other information you wish to impart, please feel free to speak to your child's teacher, Director or Associate Director. We are looking forward to a happy and productive school experience.

Signed _____ Date _____