

**CROSSING COOPERATIVE NURSERY SCHOOL
CHILD INFORMATION SHEET**

Child's Name _____ Birth Date _____ Male _____
Female _____

Name to be recognized and used at CCNS _____

Parent /Guardian's Name _____ Occupation _____

Parent /Guardian's Name _____ Occupation _____

Address _____

Township _____ Email _____

Home Phone _____ Cell Phone _____

Allergies: Food _____ Drugs _____

Other _____

Known or Suspected Hearing or Sight Problems: _____

At what age toilet-trained _____

Special Words (for family members, using the bathroom etc.) _____

Siblings Names and Ages:

_____ Age _____

_____ Age _____

_____ Age _____

Grandparents, caregivers, etc. who live in the home or are at the home on a daily basis:

Languages other than English spoken at home _____

Recent changes in family or environment _____

Previous School Experience _____

Comments about child (in general) _____
(Feel free to continue on back)